

# 2

## THEORETICAL FRAMEWORK AND LITERATURE REVIEW

### 2.1 INTRODUCTION

I will start this chapter by exploring the concept of ‘counseling’, and then I will provide some historical background to the development of counseling, as we know it today. This will be followed with a discussion of different theories of counseling and the application of these theories in practice. Group counseling, as it applies to this study will be explored and the main distinctions between traditional and western counseling will be delineated. This will lead into the discussion of counseling for parents of children with hearing impairment at large and in Zimbabwe in particular. The various ways in which parents access counseling are also explained, based on our preceding knowledge base on this topic. I will also give a scrutiny and critique on how counseling organizations in Zimbabwe operate.

### 2.2 COUNSELING

Rogers (1942:231) says counseling is a process where counselors help clients to come to terms with their feelings and thoughts. In this way they gain insight into their problems in such a way that they view problems in a new or different light, which helps them to make rational, constructive decisions to change behavior and find solutions to their problems. Rogers (1942:234) also suggested that one view of human beings is that they are by nature irrational, un-socialized and destructive of themselves and others. He goes on to say that counseling reverses this and views the client as basically rational, socialized, forward moving and realistic. Burn (1992:17) takes counseling as a conversation where two groups of people take turns in exchanging views but with the counselor as more of a listener while the counselee does most of the talking. Fear and Wool (1996:89) say counseling is help given to a client to gain insight into his own thoughts, feelings and behavior in such a way that he can make rational constructive decisions to solve his problems. The British Association for Counseling (BAC) (1993) says that the overall aim of counseling is to provide an opportunity for the client to work towards living in a more satisfying and a

resourceful way. The association goes on to say that counseling may be concerned with developmental issues, addressing and resolving specific problems, making decisions, coping with crises, developing personal insight and knowledge, working through feelings of inner conflict or improving relationships with others. In this case the counselor's role is to facilitate the client's work in ways, which respect the client's values, personal resources and capacity for self-determination. Gibson and Mitchell (1993:164) assert that counseling is a one-to-one relationship that focuses on a person's growth, adjustment, problem solving and decision making needs. This process is initiated by establishing a state of psychological contact or relationship between the counselor and the counselee and progresses to the extent that certain conditions essential to the success of the counseling process prevail. Many counseling practitioners La Forge (1990:457), Lee (1991:6), Lucking and Mitchum (1990:270) and Nelson (1992:218) believe that such conditions include counselor genuineness, or congruence, respect for client and an emphatic understanding of the client's internal form of reference. These authorities go on to point out that effective counseling requires counselors with the highest level of training and professional skills as well as the necessary qualities. Counseling programs will suffer in effectiveness and credibility unless counselors exhibit understanding, warmth, humanness and positive attitudes towards humankind. Considering the above definitions and expressed views, it would stand to reason that the philosophy of counseling is based on individual respect, worthiness and the right to choices and direction. McLeod (1996:142) points out that the less defensive human beings are, the more positive and constructive they become. Since the various definitions of counseling differ little in actual meaning, one might assume that all counselors function similarly in like situations, interpret client information in the same manner, and agree on desired outcomes in specific situations. However, these counselors may differ as much as the approaches they employ.

## **2.3 HISTORICAL PERSPECTIVES**

### **2.3.1 OUR HERITAGE FROM THE PAST**

Counseling is a response to human needs. As pointed out by Howard (1996:38) and Corey (1986:126) it is possible that the earliest (although unconfirmed) occasion in which humans sought a counselor was when Adam reaped the consequences of his eating the apple in the

Garden of Eden. The two assert that there is no proof of this early beginning to counseling, but an abundance of evidence suggests that persons throughout the ages have sought the advice and counsel of others believed to possess superior knowledge, insights and/or experiences. Perhaps the first counterparts of the present day counselor were the chieftains and elders of the ancient tribal societies to whom youth turned or were often sent for advice and guidance (Webb, 2000:302). In these primitive societies the tribal members shared fundamental economic enterprises such as hunting, fishing and farming. No elaborate career guidance programs were developed or needed because occupational limitations were usually determined by two criteria, age and sex. However, as time went on people acquired skills necessary for societal needs and the occupational determinant of inheritance became common, with parents passing on social and trade skills to their children. Adler (1959:72) clearly shows that a study of primitive society can lead one to conclude that most of the conflicts existing in present day society regarding career decision-making were absent. This absence of a career dilemma should not be interpreted to mean that workers did not enjoy or take pride in choosing a career if they were given a chance. Even the earliest evidence of humankind's existence indicated that pride and pleasure resulted from developing and demonstrating one's skills in developing one's potential. In the early civilizations (Shumba, 1995:32), the grandparents, church priests, elders in the community and philosophers assumed the function of advising and counsel. It was generally believed that within the individual were forces that could be stimulated and guided towards goals beneficial to both the individual and the community. Of these early Greek 'counselors', Plato is one of the first to organize systematic theory (Adler, 1959: 67). Plato's interests were varied, and he examined the psychology of the individual in all of its ramifications: in moral issues, in terms of education, in relation to society, and theological perspective. He explored the things that make man virtuous among the following: inheritance, upbringing, education and effective teaching and also which techniques have been successfully used in persuading and influencing people in their decisions and beliefs. It is his way of questioning and methods that made the path for the counseling relationship. His methods were dramatic and his questioning had the dynamics of very real human interactions in which the characters are as important as the things they say. The second great counselor of the early civilizations was Aristotle (Adler, 1959: 68) who made many significant changes to the field of psychology, which was not well established at the time. He carried out a study of people interacting with their environment and with others, as well as how those

interactions created relationships. Hippocrates and other Greek physicians contributed towards the possible solutions in treating and setting the human mind at peace. As time progressed, in the Hebrew society individuality and the right of self-determination and direction were assumed. The early Christian societies emphasized, at least in theory if not always in practice, many of the humanistic ideals that later became basic to democratic societies, and in this century, the counseling fraternity.

Philosophers who were also educators such as Luis Vives (1492-1540) recognized the need to counsel and guide persons according to their attitudes and aptitudes. In the middle ages attempts at counseling increasingly came under the control of the church. The early Middle Ages had centered the duty of counseling, advising and directing youth in the parish priest. At the time, education was largely under the church jurisdiction. Efforts to place youth in appropriate vocations occurred during the rise of European Kingdoms and the subsequent expansion of the colonial empires (Whitely, 1984:185). Books aimed at helping youth choose an occupation began to appear in the 17<sup>th</sup> century (Zytowski, 1972:231). Tomasco Garzoni, an Italian, produced a book with almost 1000 pages which treated various professionals and occupations in great detail. His publication, 'The Universal Plaza of All the Professions of the World' had 24 Italian editions and was translated into Latin, German and Spanish. Zytowski (1972:275) labeled it the Occupational Outlook Handbook of the 16<sup>th</sup> and 17<sup>th</sup> century. In the early 17<sup>th</sup> century Powell published 'Tom of All Trades' in 1631 in London. Powell gave information on the professions and how to gain access to them, he even suggested sources of financial aid and the preferred schools in which to prepare (Zytowski, 1972:270). The most famous United States educator of the 19<sup>th</sup> century, Horace Mann, included in his 12<sup>th</sup> Annual Report the advantages of including guidance and counseling in American education, especially when it involved dealing with students with disabilities and their parents (Johansen, Collins & Johnson, 1975:328). The scientific study by Herbert Spencer (1820-1903) had important significance on human behavior and was of special significance to the eventual development of counseling. The 20<sup>th</sup> century was considered the ripe time for the development of counseling and other therapy programs that best help meet human needs.

### 2.3.2 VOCATIONAL COUNSELING

In 1908 Frank Parsons organized the Boston Vocational Bureau to provide vocational assistance to young people and to train teachers to serve as vocational counselors. The teacher's work was to assist students in choosing a vocation wisely and in making the transition from school to suitable work. In 1909, Parsons published 'Choosing a Vocation' and in this book he discussed the role of the counselor and techniques that may be employed in vocational counseling. He divided his book into three parts: personal investigation, industrial investigation and the organization and work. He considered three factors necessary for the wise choice of a vocation:

- A clear understanding of oneself, one's aptitude, abilities, interests, ambition, resources and limitations.
- Knowledge of the requirements and conditions of success, advantages and disadvantages, compensation, opportunities, and prospects in different lines of work.
- True reasoning on the relations of these two groups of facts.

It is expected of counselors who work with parents of children with hearing impairments that they should guide them in clear terms so that they are in a position to plan carefully the future of their children. As illustrated by Parsons, vocational counseling is a crucial transition stage for students who are leaving school and joining vocational training which will largely determine their lives. Berry (2000:52) endorsed Parsons' ideas with particular attention to children with disabilities whose future in the job market is not so bright.

Parsons conducted extensive interviews that covered language, memory, and quickness of thinking, enthusiasm, expression, manner and voice. Considering Parsons' standpoint, it would stand to reason that counselors should be thoroughly familiar with all relevant details concerning job opportunities and distribution of demand in industries and courses of study, before they embarked on vocational counseling. A detailed analysis should be made of industrial opportunities for men and women, including location and demand, work conditions and pay. Vocational counselors were trained for four to twelve months, but such

candidates were required to have sound judgment, character, and relevant occupational background and to be mature. The following were also required of them:

- A practical working knowledge of the fundamental principles and methods of modern psychology.
- An experience involving sufficient human contact to give him an intimate acquaintance with human nature in a considerable number of its different phases. He/She must understand the dominance motives, interests and ambitions that control the lives of men and be able to recognize the symptoms that indicate the presence or absence of important elements of character.
- An ability to deal with young people in a sympathetic, earnest, searching, candid, helpful and attractive way.
- A scientific method analysis and principles of investigation by which laws and causes are ascertained, facts are classified and correct conclusions drawn. Ability to recognize the essential facts and principles involved in each case, group them according to their true relations and draw the conclusion they justify.

In recognition of the work he has done, Parsons is generally referred to as the ‘father of the guidance movement in American Education’. Other early leaders who contributed in the guidance and counseling movement were Davis, Reed, Weaver and Hill according to Rockwell and Rothney (1961:402).

The first quarter of the 20<sup>th</sup> century saw the introduction of intelligence tests to complement the efforts of guidance and counseling. In the 1920s counseling increased its popularity to such an extent that it became a topic of discussion and debate in educational circles. In the 1930s and 1940s the trait – factor approach to counseling became increasingly popular. In 1939 the often-labeled ‘directive theory’ received stimulus from Williamson when he wrote ‘How to Counsel Students’, A manual of Techniques for Clinical Counselors. During the period 1902-1987 Carl Rogers became a significant contributor to the new direction with an impact on counseling in both school and non-school settings. Rogers set forth a new

counseling theory in two significant books, *Counseling and Psychotherapy* (1942) and a refinement of his early position, *Client-Centered Therapy* (1951) in which he offered non directive counseling as an alternative to the older, more traditional methods. Another dimension to the techniques of counselors of the 1940s was group counseling to which Rogers was again a major contributor. Feingold (1947:548) called for a different approach towards guidance and counseling, targeting people who really needed it such as those who had family, relationship or social problems. In 1958 legislation was passed in the United States of America to enforce that personnel employed in guidance and counseling were well trained. As pointed out by Gibson, Mitchell and Basile (1993:206) there was a rapid growth in counseling and guidance such that the standard of training and qualifications were upgraded. In the 1960s, Gibert Wrenn contributed by writing ‘*The Counselor in a Changing World*’ where he examined the counselor’s role in a society with changing ideas about human behavior. Wrenn (1962:109) noted the growing complexity of the counselor’s task. He further suggested that counselors should not only understand clients in isolation, as it were but also understand the social structure of the community. They should exhibit awareness of today and of the future since clients continuously attempt to adjust to a rapidly changing world.

In African countries counseling used to be undertaken by relatives who guided the young in taking up occupations, marriages and relationships with other people in the community. Most of this counseling was in the form of giving advice and making suggestions towards the solving of clients’ problems. It was assumed and expected that elders through their experiences of life had solutions to the problems of the young (Richards, 2000:148).

This brief review of some historic highlights in the development of guidance and counseling gives us an insight into the origin of counseling. In the light of these premises, we can suggest that a fundamental basis for counseling program development must be rooted in our understanding of the characteristics and needs of all our clientele, plus an understanding of the environment that shapes them. As the past illuminates the future, it is possible to predict that, regardless of the wonderful scientific and technological advances that await humankind, many persons will search out the counsel and advice of trained counselors. Looking at the current major social concerns in society, one sees the unprecedented opportunities for the counseling profession to serve that society.

Undoubtedly parents of children with hearing impairment face frustrations, anger, guilt and helplessness and it is clear that they will benefit from the support of and the helping relationship with a counselor. Therefore the need to explore the ways in which parents access counseling services during this challenging time seems eminent.

## **2.4 THEORIES OF COUNSELING**

Theories of counseling were initially developed by Anglo European Counselors. Theoretical models for counseling have their origins in the values and beliefs of persons who, in turn, have converted these into a philosophy and a theoretical model for counseling (Brammer, Shostrom & Abrego, 1989:263). Theory helps to explain what happens in a counseling relationship and assists the counselor in predicting, evaluating, and improving results. It also provides a framework for making systematic observations about counseling and encourages the coherence and production of new ideas. Hence counseling theory can be viewed as a practical means of helping to make sense of the counselor's observations. A theory suggests guidelines that provide signs of success or failure of counseling activities. Essentially the theory becomes a working model to explain what clients may be like and what may be helpful to them, in this case parents of children with hearing impairments.

The end result is twofold, counselors reach a deeper and richer understanding of the nature of their client, and their theory is enriched in ways that make it useful in working with future clients. Perhaps most importantly for counselors, is the fact that a theory can directly influence the strategies they use with their clients. If a counselor strictly follows a theory without being flexible, it can affect the counseling procedures that are most applicable with a given client or with a particular presenting problem. Theories can be enhanced by multi-cultural/cultural awareness and considerations. In fact the counselor's failure to recognize the unique cultures of clients from diverse backgrounds is likely to handicap interaction with those clients (McWhirter & McWhirter, 1991:96). A study by Webb (2000:302) in New Zealand, where the white settlers did not recognize the cultural differences and what partnership with the Maori people meant, shows that counseling could not make any headway. It is therefore important for counselors to consider the extended background family support networks, coping styles and the cultural context of the client for integration into their theoretical orientation.



The ten commonly used theories, which are sometimes referred to as types of therapy are as follows:

- Psychoanalytic Theory
- Individual Psychology Theory
- Client-Centered Therapy
- Behavioral Theory
- Rational Emotive Therapy
- Reality Therapy
- Transactional Analysis
- Gestalt Therapy
- Integrated Theories and Eclectic Counseling.

It is not the writer's intention to discuss the details of these theories since it is not the aim of this study. Therefore only a brief explanation of how they were developed and how they work is given. This is done in view of the fact those counselors who may have counseled parents of children with hearing impairment could have used any and/or a combination of these.

#### **2.4.1 PSYCHOANALYTIC THEORY**

According to Corey (1986:148) Freud gave psychology a new look and new horizons. He called attention to psychodynamic factors that motivate behavior, focused on the role of the unconscious and developed most of the first therapeutic procedures for understanding and modifying the structure of one's basic character. He stimulated a great deal of controversy, exploration, and further development of personality theory and laid the foundation on which later psychodynamic systems rest. His theory is a benchmark against which many other theories are measured. The psychoanalytic theory views the structure of personality as separated into three major systems, the id, the ego and superego. Hereditary factors are represented by the id, which functions in the inner world of one's personality and is largely unconscious. It is usually viewed as the original system personality that is inherent and present at birth. It is believed that the id is ruled by the 'pleasure principle', and thus it seeks to avoid tension and pain, seeking instead gratification and pleasure. Corey

(1986:304) describes it as ‘the spoiled brat of personality’. The ego, which is only viewed as the only rational element of personality, has contact with the world of reality, controls consciousness and provides realistic and logical thinking and planning. If counseling could bring parents of children with hearing impairment to this realization, then they would apply logic and reason to solve their problems and to plan ahead for their children.

The superego represents the conscience of the mind and operates on the principle of moral realism. It represents the moral code of the person, usually based on one’s perceptions of the moralities and values of society. As a result of its role, the superego provides rewards such as pride and self-love, and punishments, such as feelings of guilt or inferiority, to its owner. When a child with hearing impairments is born in a family, parents lose pride, self-love, feel punished by the creator and suffer feelings of guilt and inferiority (Moores, 1987:182, Quigley & Kretschmer, 1982:78, Allen & Allen, 1979:34 and Nolan & Tucker, 1981:23).

As a result of this triangle, (id, the ego and superego) the Psychoanalytic Theory views tension, conflict and anxiety as inevitable in humans and the major goal of counseling is seeking to direct behavior towards reduction of this tension. Since personality conflict is present in all people, nearly everyone can benefit from professional counseling. The Psychoanalytic approach requires insight that relies on openness and self-disclosure. Multi-culturally oriented counselors would be aware that these traits might sometimes be seen as signs of immaturity.

The goals of psychoanalytic theory, according to Wadsworth (1990), aim to provide a climate that helps clients re-experience early family relationships and uncover buried feelings associated with past events that carry over into current behavior. Also, to facilitate insight into the origins of faulty psychological development as well as to stimulate a corrective emotional experience.

#### **2.4.2 THE INDIVIDUAL PSYCHOLOGY THEORY**

This theory is often called Adlerian therapy. It sees the person as a unity, an indivisible whole, and it focuses on the individuality of persons. At the core of this theory is the belief

that there exists within a human being an innate drive to overcome inferiorities and develop one's potential and self-actualization. The theory hinges on social interest, which is central to the growth and actualization of the individual and the good of the society. Because social interest is viewed as an innate aptitude, it must be consciously developed over time (Manaster & Corsini, 1982:291). Social interest, also referred to as one's ability to give and take, is accomplished through the life tasks in which all human beings participate. These tasks include work, friendship, and love (Sweeney, 1989:49). When a person comes for therapy, it is in one or more of these areas that he/she is experiencing incongruence or discomfort. The counseling process then is seen as a means by which the therapist and counselee work together to help the counselee develop awareness as well as healthier attitudes and behavior so as to function fully in society. The Adlerian counseling process involves four stages:

- establishing relationship
- diagnosis
- insight/ interpretation
- reorientation

In the first session the counselor establishes a relationship with the client through an interview in which the client is helped to feel comfortable, accepted, respected and cared about. The client is then encouraged to explain what helped her/him to determine the need for counseling. The counseling process is explained and discussed with the client. The client is then asked to discuss how things are going in each of the life task areas. The diagnostic stage involves the 'life-style interview'. The interpretation phase is the time during which the counselor and client develop insight from the lifestyle interview into the client's problems. The orientation stage is the most critical. The therapist helps the client to move from intellectual insight to reality. With the counselor's support, encouragement and direction, the counselee changes from unhealthy ways of thinking, feeling and behaving to ways more satisfying to him/her and society. Wallace (1986:157) believes that this theory is most effective in marriage, child and family counseling and less effective in one to one therapy. The Adlerian theory creates a therapeutic relationship that encourages participants to explore their basic life assumptions and to achieve a broader understanding of lifestyles. It helps clients recognize their strengths and their power to change and also

encourages them to accept full responsibility for their chosen lifestyle as well as for any changes they want to make.

### **2.4.3 CLIENT-CENTERED THERAPY**

Client-centered (now frequently referred to as ‘person centered’) counseling is another historically significant and influential theory. This theory was originally developed by Carl Rogers as a reaction against what he considered the basic limitations of psychoanalysis. Due to his major contributions, the approach is referred to as ‘Rogerian Counseling’. The approach focuses on the client’s responsibility and capacity to discover ways to more fully encounter reality. Therapists concern themselves mainly with the client’s perception of self and of the world. Rogers points out that the therapist should be genuine, non-possessive, warm, accepting and have empathy. These aspects constitute the necessary and sufficient conditions for therapeutic effectiveness. The therapist’s function is to be immediately present and accessible to the client and to focus on the here and now experience created by their relationship. The client-centered model is optimistic and positive in its view of humankind. Clients are viewed as being good, possessing the capability of self-understanding, insight, problem solving and decision-making, as well as change and growth. The counselor facilitates the counselee’s self-understanding, clarifies and reflects back to the client the expressed feelings and attitudes of the client. The aim is to help the client bring about change in himself/herself.

The theory provides a safe climate in which members can explore the full range of their feelings. It helps members to become increasingly open to new experiences and develop confidence in themselves and their own judgments. Clients are encouraged to live in the present, develop openness, honesty, and spontaneity. The theory makes it possible for clients to encounter others in the here and now and to use the group as a place to overcome feelings of alienation.

### **2.4.4 BEHAVIORAL THEORY**

Behavioral theory and conditioning can be traced directly from Pavlov’s 19<sup>th</sup> century discoveries, and from further research carried out by Watson, Thorndike and Skinner who

developed the theory to its present popularity. The behaviorist views behavior as a set of learned responses to events, experiences or stimuli in a person's life history. For the behaviorist counseling involves the systematic use of a variety of procedures that are intended specifically to change behavior in terms of mutually established goals between a client and a counselor. Behaviorists also believe that stating the goals of counseling in terms of behavior that is observable is more useful than stating the goals that are more broadly defined, such as self-understanding or acceptance of self. Therefore counseling outcomes must be identifiable in terms of overt behavior changes. Counselors utilizing behavioral theory assume that the client's behavior is the result of conditioning. The counselor further assumes that each individual behaves in a predictable way to any given situation or stimulus, depending on what has been learnt (Ivey, *et al.*, 1993:264). Gilliland, James and Bowman (1989:173) point out that modern counseling involves the client in the analysis, planning, process and evaluation of his/her behavior management program. The counselor is expected to have training and experience in human behavior modification and also to serve as consultant, teacher, adviser, reinforcer and facilitator. The theory helps group members eliminate maladaptive behaviors and learn new more effective behavioral patterns.

#### **2.4.5 RATIONAL EMOTIVE THERAPY (RET)**

The Rational Emotive theory was developed by Albert Ellis. This theory is based on the assumption that people have the capacity to act in either a rational or irrational manner. Rational behavior is viewed as effective and potentially productive whereas irrational behavior results in unhappiness and non-productivity. Ellis assumes that many types of emotional problems result from irrational patterns of thinking. This irrational pattern may begin early in life and be reinforced by significant events in the individual's life as well as by the general culture and environment. The RET approach to counseling declares that most people in our society have developed many irrational ways of thinking and that these irrational thoughts lead to irrational or inappropriate behavior. Therefore counseling is designed to help people recognize and change these irrational beliefs into more rational ones. The accomplishment of this goal requires an active, confrontive, and authoritative counselor who has the capacity to utilize the whole variety of techniques (Hansen, *et al.*, 1986:482). The RET therapist does not believe that a personal relationship between the

client and counselor is a prerequisite to successful counseling. In fact it is believed that the therapist may frequently challenge and provoke the irrational beliefs of the client. Rational Emotional Therapy can be applied to individual and group therapy, marathon encounter groups, marriage counseling and family therapy.

The goal of this theory is to teach group members that they are responsible for their own disturbances and help them identify and abandon the process of self-indoctrination by which they keep their disturbances alive. It also aims at eliminating the clients' irrational and self-defeating outlook on life and to replace it with a more tolerant and rational one.

#### **2.4.6 REALITY THERAPY**

Reality therapy was largely developed by William Glasser (Adler, 1959: 96). Glasser's approach places confidence in the counselee's ability to deal with his or her actions through a realistic or rational process. From a reality therapy standpoint, counseling is simply a special kind of teaching or training that attempts to teach an individual what he should have learnt during normal growth in a short period of his life. However, it appears that Glasser's theory leaves a lot to be desired. If counseling were learnt through a natural growth process, a mechanism would have been built within humans to be able to think logically and resolve their problems during difficult times. This is not normally the case. Nystul (1999:319) points out that when a client is in a helpless state, he/she needs someone who can listen with full attention, allow the client to go through his/her emotions, acknowledge the client's problems, create a positive environment for the client to think logically and rationally and allow the client time to find solutions to his/her problems. Glasser (1984:61) holds that reality therapy is applicable to individuals with any sort of psychological problem, from mild upset to complete psychotic withdrawal. It works well with behavior and drug-and alcohol-related problems. It has been applied widely in schools, institutions, hospitals, families and business management. It focuses on the present and upon getting people to understand that essentially they choose all their actions in an attempt to fulfill basic needs. When they are unable to do this, they suffer or cause others to suffer. The therapist's task is to lead them towards the better or more responsible choices that are almost always available. Reality therapy does not emphasize the client's past history but emphasizes a major psychological need that is present throughout life, the need for identity.

It includes a need for feeling worthy, a sense of uniqueness as well as separateness and distinctiveness. The need for identity is considered to be universal among individuals in all cultures (Corey, 1982:89). Reality therapy is based on the assumption that a client will assume personal responsibility for his/her well-being. The acceptance of this responsibility, in a sense, helps a person achieve autonomy or a state of maturity by which one relies on one's own internal support. Whereas many of the counseling theories suggest that the counselor should function in a noncommittal way. Reality therapists praise clients when they act responsibly and indicate disapproval when they do not.

The theory helps members toward learning realistic and responsible behavior developing a 'success identity'. Group members are assisted in making value judgments about their behaviors and in deciding on a plan of action for change.

#### **2.4.7 TRANSACTIONAL ANALYSIS (TA)**

Transactional analysis is a humanistic approach that assumes a person has the potential to choose and direct or reshape his/her own destiny. Eric Berne developed and popularized this theory in the 1960s. It is designed to help the client renew and evaluate early decisions and to make new, more appropriate choices. Transactional analysis stresses understanding the transactions between people as a way of understanding the different personalities that comprise each of us. The theory places a great deal of emphasis on the ego. The client is assisted in gaining social control of her/his life by learning to use all ego states where appropriate. The ultimate goal of the counselor is to help clients change from inappropriate life positions and behaviors to new and more productive behaviors. An essential technique in TA counseling is the contract that precedes each counseling step. The contract between counselor and counselee is by mutual agreement, in terms of time, when to stop and whether to record the session or not. Once signed the contract becomes binding and legal. The theory can be used with individuals but is more suitable for persons within a group setting. Transactional analysis counselors feel that the group setting facilitates the process of providing feedback to persons about the kind of transactions in which they engage. The counseling group then represents a microcosm of the real world. In this setting the individual group members are able to work on their own objectives, and the counselor acts as a group leader.

The theory assists clients in becoming free of scripts and games in their interactions and also challenges them to reexamine early decisions as well as make new ones based on awareness.

#### **2.4.8 GESTALT COUNSELING**

The Gestalt therapy was developed by Fredrick Perls and is a humanistic approach in which the therapist assists the client towards self-integration (George & Cristiani, 1995:127). This helps him/her to learn to utilize his/her energy in appropriate ways, to grow, develop and actualize. The primary focus of this approach is the present, the 'here and now'. The implication being that the past is gone and the future have yet to arrive. Therefore, only the present is important. Gestalt counseling has as its major objective the integration of the person or "getting it all together". The treatment is finished when the client has achieved the basic requirements. These are: a change in outlook, a technique of adequate self-expression and assimilation, and the ability to extend awareness to the verbal level. In this state a client has reached integration, which facilitates its own development. Thereafter, progress can be left to the counselee. In order to achieve this togetherness the counselor seeks to increase the client's awareness by providing an atmosphere conducive to the discovery of the client's needs or what the client has lost because of environmental demands. The counselor can create the atmosphere in which the client can experience the necessary discovery and growth. From these assumptions we can conclude that the Gestalt therapist has a positive view of the individual's capacity self-direction. Furthermore the client is encouraged to utilize his/her capacity and to take responsibility for his own life. The main goal is to enable members to pay close attention to their moment-to-moment experiences, so they recognize and integrate disowned aspects of themselves.

#### **2.4.9 INTEGRATED THEORY**

This theory takes into account a number of aspects from other theories. Ivey, *et al.* (1987:59) note that an integrated knowledge of skills, theory, and practice is essential for culturally intentional counseling and therapy. The culturally intentional therapist knows how to construct a creative decision-making interview and can use micro-skills to attend to and to influence clients in a predicted direction. Important in this process are individual



and cultural empathy, client observation skills, assessment of person and environment, and the application of positive techniques of growth and change. Cultural values are central to counseling. Richards (2000:149), points out that culture demands, and society enforces, adherence.

The theory provides organizing principles for counseling and therapy, hence the culturally intentional counselor has knowledge of alternative theoretical approaches and treatment modalities. Practice is the integration of skills and theory. Therefore, the culturally intentional counselor or therapist is competent in skills and theory, and is able to apply them to research and practice for client benefit.

The main aim of this theory is to provide conditions that maximize self-awareness and reduce blocks to growth. It helps clients discover and use freedom of choice and assume responsibility for their own choices.

#### **2.4.10 ECLECTIC COUNSELING**

The eclectic approach to counseling is one of long standing traditional, and one of equally long-standing controversy. It originally provided a safe middle-of-the-road theory, for counselors who neither desired nor felt capable of functioning as purely directive or non-directive counselors. This approach allows the counselor to construct his/her own theory by drawing on established theories. It has often been suggested that an eclectic counselor can choose the best of all counseling worlds. Others contend that the theory encourages counselors to become theoretical 'jacks of all trades'. Left to the counselor's decision, the approach can develop deficiencies and be open to abuse. The counselor is likely to be influenced by his/her values, views, and beliefs. This can only be avoided by self-study of client-counselor relationships as well as personal therapeutic experiences resulting in increased self-understanding. As observed by Wallace (1986:95), counselors cannot shelve their responsibility for constructing a personal theory of counseling by turning it into an intellectual game or academic exercise. Their obligation to the clients is far too real for that. I strongly feel that this approach should only be used by highly skilled counselors who are capable of weaving a number of approaches into their counseling practice.

Developing an eclectic approach to therapy requires an enterprising juxtaposition and a genuine confrontation of one's work with the values, thoughts, and research of others. While independence of observation and thought is essential to an eclectic stance, so are understanding and respect for other theorists. Before counselors in search of a personal theory of counseling and psychotherapy can choose the best, they must become fully aware of all that are available. The eclectic approach then is no shortcut to theory formulation. Indeed, when properly traveled, it is one of the most difficult paths to follow.

All the above-mentioned theories are interwoven to such an extent that one cannot compartmentalize one from the others during the process of counseling. They all aim at one goal, that of creating a conducive environment for the client to find solutions to his problems. As pointed out by Colledge (2000:264), that counseling theories work like a web where one thread pulls the other. However, some differences have been noted, where some theories give the counselor authority and power whilst others try and empower the clients. According to my experiences with parents of children with hearing impairments, most theories work so long as they are applied appropriately. The writer applied the Client-Centered Therapy and the Individual Psychology Theory and found them helpful. The theories seem to have worked because they allowed parents an opportunity to review their situations and workout solutions to their problems. Reality Therapy and Behavioral Theory may produce short lived results in that clients, especially parents of children with hearing impairments, may be dependent on the counselor for solutions since there is teaching and conditioning.

## **2.5 APPLICATION OF THEORIES IN COUNSELING**

Theories of counseling are usually insight or action-oriented because families of children with hearing impairments in general do not require a highly psychiatric oriented approach. Rather they appreciate the counselor's general style of social behavior and the type of relationship he develops with his client. All counseling theories are based on the 'therapeutic alliance' (Van Hecke, 1994:523). Person-centered therapy known as Non-directive Psychotherapy, originally advanced by Rogers (1959:28), holds the view that at some level of consciousness, patients or clients know what is best for them. Whereas behavioral counseling, unlike the Rogerian approach, is a directive method. Parents are

advised that they derive reward by making environmental changes, which will produce positive behavioral changes. The client-centered approach views the client as one who is rational, socialized and realistic. Rogers (1942:125) points out that the responsibility for the counseling process rests with the client whilst the counselor facilitates rather than directs his /her efforts at insight. The efforts and decisions regarding change of behavior after counseling also remain the responsibility of the client. On the other hand, the action theorists are much more problem-oriented and would try to find the problem then, using various techniques, try to change behavior in the hope that the problem would be alleviated. The counselor is expected to observe that the process from maladjustment to adjustment is a self-regulatory one. The basic philosophy of the counselor is represented by an attitude of respect for the client, for his capacity and right to self-direction and for the worth and significance of each individual. There is the basic assumption in the theory that individuals are capable of changing by themselves in ways they choose without the direction or manipulation of the therapist. The counselor is expected to accept the client as an individual with all his/her conflicts and inconsistencies, bad and good points, being a consistent person with no inherent contradictions between what he/she is and what he/she says. The client must see the counselor as accepting and understanding. In this case the counselor-client relationship will be seen by the client as safe, secure, free from threat and supporting but not supportive.

## **2.6 GROUPS AND COUNSELING**

Parents can be counseled as a group, as a family and as individuals. It is important to understand that there are advantages and disadvantages with each and every approach.

Before getting into the details of group counseling, it is important to understand what 'group' means. To clarify the various labels in group counseling and guidance, including a definition of group, I will use the work of Capuzzi and Gross (1997:166). They define "group" as 'a number of individuals bound together by a community of interest, purpose or function'. However, within and across the professional disciplines engaged in the study and practice of groups, there are wide variations in definition. To narrow the definition of group for discussion in this study, it should be noted that counseling groups are characterized by interaction. They are functional or goal-oriented groups. Counselors view

various group activities as occurring at three levels: the guidance level, the counseling level and the therapy level.

It is almost impossible to go it alone in today's group-oriented, group-dominated and group processed society. In fact today, to be well adjusted in a given society, usually means that the individual has mastered the society's norms of social interaction and of functioning appropriately in groups. The following observations were drawn after a study of the influence and dependence on groups of the individual's functioning in today's society.

Humans are group oriented. People are meant to complement, assist, and enjoy each other. Groups are natural environments for these processes to occur. Humans seek to meet most of their basic and personal social needs through groups, including the need to know and grow mentally. Groups are a most natural and expeditious way to learn. Consequently groups are influential in how a person grows, learns, and develops behavioral patterns and adjustment techniques. Apart from understanding the organization, influences and dynamics of groups, group counseling may be more effective for some people and individuals than individual counseling.

### **2.6.1 GROUP COUNSELING**

More than 100 years ago the psychologist William James (1890) wrote 'We are not only gregarious animals liking to be in sight of our fellows, but we have an innate propensity to get ourselves noticed, and noticed favorably, by our kind. The most dreadful punishment would be that of being turned loose in society and remaining absolutely unnoticed by all members within one's environment. The importance of human relationships is meeting basic needs and influencing personal development and adjustment of members of the society. Most relationships are established and maintained in a group setting. For many, daily adjustment problems and developmental needs also have their origins in groups. Since most frequent and common human relationship experiences occur in groups, groups also hold the potential to provide positive developmental and adjustment experiences for many people.

Group counseling is the routine adjustment to developmental experiences provided in a group setting. It focuses on assisting counselors to cope with their day-to-day adjustment and development concerns. Examples might focus on behavior modification, developing personal relationship skills, concerns of human sexuality, values and attitudes, or career decision-making. Gazda (1989:304) suggests that group counseling can be growth engendering insofar as it provides participation incentives and motivation to make changes that are in the clients' best interest. On the other hand, it is remedial for those persons who have entered into a spiral of self-defeating behavior but who are capable of reversing the spiral with counseling intervention.

### **2.6.2 GROUP GUIDANCE**

Group guidance refers to group activities that focus on providing information or experiences through a planned and/organized group activity (Ivey & Ivey, 1993: 45). These include orientation groups, career exploration groups and classroom guidance. Group guidance is also organized to prevent the development of problems. The content could include educational, vocational, personal or social information, with the goal of providing students with accurate information that will help them make more appropriate plans and life decisions.

### **2.6.3 GROUP THERAPY**

Group therapy provides intense experiences for people with serious adjustment, emotional and developmental needs. Therapy groups are usually distinguished from counseling groups by both the length of time and the experience for those involved. Counselors devote most of their time to help clients learn to recognize and cope with self-defeating behavior and to master developmental tasks (Capuzzi & Gross, 1997:168). In group therapy parents come together, help one another, engage in interaction, share experiences and ideas. The counselor acts as a facilitator.

### **2.6.4 T-GROUPS**

T-Groups are derivatives of training groups. They present the application of laboratory training methods to group work. T-Groups represent an effort to create a society in

miniature in which an environment is created for learning. These are relatively unstructured groups in which the participants become responsible for what they learn and how they learn it. This learning experience frequently includes learning about one's own behavior in groups. A basic assumption appropriate to T-groups is that learning is more effective when the individual establishes authentic relationships with others.

#### **2.6.5 SENSITIVITY GROUPS**

A sensitivity group is a form of T-group that focuses on personal and interpersonal issues and on the personal growth of the individual. Sensitivity groups emphasize on self-insight, which means that the central focus is not the group and its progress but rather the individual member.

#### **2.6.6 ENCOUNTER GROUPS**

Encounter groups are also in the T-group family, but are more therapy oriented. Rogers (1967:183) defines an encounter group as a group that stresses personal growth through the development and improvement of interpersonal relationships via an experiential group process. Such groups seek to release the potential of the participant in an intensive group. With much freedom and little structure, the individual will gradually feel safe enough to drop some of his defenses and facades, he will relate more directly on the feeling basis with other members of the group, he will change in his personal attitudes and behavior and he will subsequently relate more effectively to others in his everyday life situation. Extended encounter groups are often referred to as marathon groups. The marathon encounter group uses an extended block of time in which massed experience and accompanying fatigue are used to break through the participants' defenses. While encounter groups offer great potential for the group members' increased self-awareness and sensitivity to others, such groups can also create high levels of anxiety and frustration. Therefore if encounter groups are to have maximum potential and minimal risk, highly skilled and experienced counselor leaders must conduct them. Parents of children with hearing impairments tend to be defensive of their situations at the expense of facing reality and solving their problems (Martin & Clark, 1996:184). In the light of Martin and Clark's assertions, group counseling could help break such parents' defenses.

### **2.6.7 MINI-GROUPS**

While two or more people can constitute a group, the term mini-group has become increasingly popular to denote a counseling group that is smaller than usual. A mini-group usually consists of one counselor and a maximum of four clients. Due to the smaller number of participants, the potential exists for certain advantages resulting from the more frequent and direct interaction of its members. Mercurio and Weiner (1975:68) indicate that because of the increased dynamics that occur in a group of limited size, members of the mini-group are less able to withdraw or hide, and interaction seems to be more complete and responses fuller. Mini groups may either function as the singular treatment focus or be used in conjunction with individual counseling.

### **2.6.8 GROUP PROCESS AND GROUP DYNAMICS**

Two terms commonly used interchangeably in describing group activities are process and dynamics, (Allen & Sawyer 1984:28). However, the terms have different meanings when used to describe group-counseling activities. Group process is the continuous ongoing movement towards achievement of its goals, representing the flow of the group from its starting point to its termination. It is a means of describing or identifying the stages through which the group passes. Group dynamics, on the other hand, refers to social forces and interplay operative within the group at any given time. It describes the interaction of a group, which may include a focus on the impact of leadership group roles and membership participation in groups. It is a means of analyzing the interaction between and among the individuals within a group. Group dynamics is also used on occasion to refer to certain group techniques such as role-playing, decision-making, ‘rap’ sessions, and observation.

### **2.6.9 IN-GROUP AND OUT-GROUP**

These are groups organized or overseen by counselors, but are important in understanding influences on client behaviors. These groups can be based on almost any criteria, such as socio-economic status, athletic or artistic accomplishments in a particular area of ability, racial-cultural origins and so forth. In-groups are characterized by association largely limited by peers of like characteristics, while out-groups consist of those excluded from in-

groups. Such members are non-participants in athletics, drama, and/or have not been invited by participants to become involved in such social clubs. In many counseling situations, it is important for counselors to understand how clients see themselves and others in terms of 'in' or 'out'. Parents of children with hearing impairments normally group themselves according to how they perceive their problems. Hegarty (1986:104) asserts that parents who have similar problems tend to group and share their experiences.

#### **2.6.10 SOCIAL NETWORKS**

These are not groups in a formal sense: however, social networks result from the choices that individuals make in becoming members of various groups. Counselors may be concerned with how these choices are made and their impact on individuals. Engaging in social network analyses helps to determine how the interconnectedness of certain individuals in a society can produce interaction patterns influencing others both within and without the network. Social networks are important. Dale (1984:85) states that parents of children with hearing impairments need continuous support during and after counseling until they can cope on their own. This support can be offered by professional counselors, members of the extended family, relatives and/or friends.

#### **2.6.11 TRADITIONAL *VERSUS* WESTERN COUNSELING**

Counseling has always been practiced and appears to have achieved some if not most of its intended purposes. Most of the African countries have been using the traditional approach and most of the European countries have been using the western approach. The two approaches to counseling differed. What is interesting is that the approaches work towards the same goal. A brief explanation of each approach is given and the advantages as well as disadvantages are highlighted. The traditional counseling is based on that in Zimbabwe.

#### **2.6.12 TRADITIONAL COUNSELING**

Counseling has historically been an integral part of the traditional African culture, Zimbabwe being one of the countries in which it was practiced. Its importance in the traditional setting is reflected in the way it was institutionalized, with specific roles of



counseling being allocated to particular people within families. These family members include the aunts, uncles, grandparents, and elders in the community, traditional healers, church-elders and ministers. In the Zimbabwean indigenous culture, the family and community interact as collective structures. The individual exists not as an individual, but as part of a family and community system (Shumba, 1995:17). Self-affirmation and feelings of connection with the world are gained from family and community relationships with which the individual participates. Because of this dynamic situation, there is a multi-generational and inter-community support system that is interdependent. Zimbabwean society is dominated by the tenets of traditional culture, with approximately 80% of Zimbabweans living in rural areas where traditional customs are strictly followed. Culture demands and society enforces adherence to traditional values and practices. With increased urbanization, many people in towns have acculturated into the western world-view and are slowly drifting away from their cultural socialization (Makoni, 1996:3). While I do not claim Zimbabwe to be totally representative of other African countries, most do follow a similar pattern (Palmer & Varma, 1997:253). It is important to point out that the traditional African culture is not homogeneous, with significant differences being noted among different ethnic groups. These speak different languages and many practice rituals in different ways.

The afore mentioned people involved in counseling are normally members of the extended family and are deemed to have accumulated wisdom to counsel through experience in their lives. In most cases they counsel people who are younger than themselves and over whom they have authority. Before I discuss the role of such members of the extended family, it is necessary to define the terms that have wider meanings such as ‘aunts, uncles, elders and traditional healers.’ Aunt, normally refers to one’s father’s or mother’s sister, Uncle, refers to one’s father and mother’s brother, father and their cousins. Elder, refers to all the elderly people in the community who are respected for the role they play in mending relationships and promoting harmony among family members, friends and members of the extended family. Traditional healers refer to people who claim to communicate with spirits of dead ancestors. Their role is supposed to be safe guarding people against witchcraft and evil spirits. They also advise families and people in the community of possible causes and solutions to misfortunes. Traditional counseling is widely practiced in the rural areas of

African countries. It has encroached upon cities as many people have moved into towns to find better living conditions.

In traditional counseling the people described above have specific counseling roles to play. The aunts usually deal with marriage issues: preparation for weddings and solving problems in a marriage. They counsel and guide the women towards successful marriages. As marriage counselors, their role complements that of the mother but is more pronounced when a girl is preparing for marriage. During dating, the aunts guide young ladies and discuss their love relationships as well as the suitability of their partners. The aunts teach the young unmarried ladies about their bodies, sex, and sexual hygiene as well as the behavior expected of a wife and mother. When the young ladies date, the aunts are heavily involved until the marriage has taken place. They guide the young unmarried ladies towards what is expected of a married woman who eventually becomes the mother of the home. Uncles do the same with the young men who are preparing to marry and with those who are already married but are experiencing problems. Elders in the community counsel and guide families who clash in one-way or another. Church elders and traditional healers help people who visit them or who are referred to them for help. It is these who normally deal with parents of children with disabilities, for example those who are hearing impaired. It is of paramount importance to emphasize that most of this counseling takes the form of giving advice and suggesting solutions without necessarily giving clients the chance to suggest possible solutions to their problems. It is expected that the clients implement fully the advice, which is given to them. In the event that the outcome is not positive, the client is normally the one to blame. The reason normally given is that either he/she (the client) did not follow given instructions or did not do it properly. When it involves counseling of parents whose child is hearing impaired, or disabled in any other way, a lot of causative factors come into play. Sometimes the cause of the disability is blamed on the parents or angry ancestors.

#### **2.6.13 WESTERN COUNSELING**

Western counseling is undertaken by trained, qualified counselors. It is the client's responsibility to seek counseling services, which are paid for. The service is by appointment and it may be individual, group and/or family counseling. One or more

counselors may be involved. The western way of counseling gives room for the counselor to establish a relationship with the client by creating a relationship and then presenting the problem. The counselor's role is to listen and to widen the client's problem by determining all the people and systems involved. The counselor will then help the client to view his/her behavior and hence his or her course of action. Clients are thus helped to find reasonable solutions to their problems. The onus is on the client to change attitude and behavior as well as solve his /her own problems.

The two approaches have some similarities and differences. In both systems, there is need for mutual trust and a good relationship. Both aim at resolving the problem and confidentiality is emphasized. As for differences, in the western system the client has to find solutions to his/her problems whereas in the traditional system the counselor or counselors provide solutions. In the western system the counselor and client may be strangers and yet in the traditional system the counselors and clients are normally relatives or people who know one another well. In most cases counselors who operate in the western system are qualified whereas traditional counselors are normally not trained. The western approaches to counseling are based on strategies and techniques that were initially developed by Anglo-European counselors. These techniques and strategies were designed to cater for the needs of the majority groups. In the United States of America where there is a fusion of diverse cultures, this monolithic approach has been found to be highly inadequate because it ignores the needs and cultural concerns of the minority groups. According to Nelson-Jones (1995:168) American counselors have therefore adopted a pluralistic approach, which calls for a multi-cultural perspective where in counselors are to be creative and flexible without necessarily ignoring the commonality of human beings. A critique of the appropriateness of western approaches to counseling in African countries has been advanced by a number of African counselors (Locke, 1990:32). They argue that western approaches are not appropriate to the situation and the needs of the majority in African countries South of the Sahara. The basis of their argument is that western techniques and strategies are sophisticated, time consuming and expensive, therefore catering for only a small elite group. However, it must be noted that, due to urbanization and educational developments, most Africans in urban areas are practicing the western system and/or both. Some have borrowed certain aspects from both systems. Although there is no universal culture in Africa, there are some basic common elements found in their

cultural beliefs and practices that involve the role of the extended family. However, it must be pointed out that in their study, McGuiness, *et al.* (2001:298) with students from different cultures, noted that humanistic counseling when employed correctly does not violate cultural boundaries.

In Zimbabwe prior to the 20<sup>th</sup> century, traditional counseling had been the most common practice among the Black Africans (Shumba, 1995:19). The 20<sup>th</sup> century saw the gradual spread of western counseling (Makoni, 1996:5), and the establishment of free guidance and counseling by Non Governmental Organizations as well as the establishment of counseling agencies. To date both the traditional and the western systems are practiced with the former being well established and the latter gaining ground. As pointed out before, this is mainly a product of urbanization and educational developments.

## **2.7 COUNSELING PARENTS OF CHILDREN WITH HEARING IMPAIRMENTS**

As stated in chapter 1, I will use the explanations by Hardman, Drew and Egan (1984:419), Hardman, Drew and Egan (1993:278), Tucker and Nolan (1984:108), Nolan and Tucker (1981:78), Moores (1987:182), Quigley and Kretschmer (1982:78), and Allen and Allen (1979:34) to explain the conceptualization of “parents of children with hearing impairments”. These authors have written extensively on children with hearing impairments and their families. I will use their combined conceptualization to inform my study. All the above concur that parents of a child with hearing impairments, of course unexpected, go through feelings of shock, guilt, inferiority, denial and in some cases confusion. Hardman, Drew and Egan (1984:419) assert that the birth of a disordered infant is likely to alter the family as a social unit in a variety of ways. Parents and siblings may react with shock, disappointment, anger, depression, guilt, and/or confusion, to mention only a few. Relationships between family members often change, in either a positive or a negative manner. The impact of such an event is great, and it is unlikely that the family unit will ever be the same. Hardman, Drew, Egan and Wolf (1993:278), further endorse that such parents may consult professionals, doctors, traditional healers, counselors, specialist teachers, physiotherapists, audiologists, psychologists and others, searching for

treatment, correction and any other help that they can obtain in aiding them to raise their child.

Parents of children with hearing impairments need counseling to help offset their reactions to the child's handicap. As pointed out by Martin and Clark (1996:357) they (parents) become patients. There is ample evidence that at the initial diagnosis of hearing loss, logic often takes a back seat to emotion and families become incapable of assimilating and processing the new and stressful facts (Harry, 1997:87). As important as it is that families are given the data they need to have on which to base their decisions regarding their child, it is useless to force-feed individuals who cannot digest facts that carry an emotional message. Even when emotions do not appear to dominate the counseling session, information is often misinterpreted or forgotten (Martin, Krueger and Bernstein, 1990:106). Hearing parents naturally expect to have children with normal hearing and therefore become worried about their family's future based on the discovery of hearing loss which, more often than not is unanticipated. Emotions can cloud logical thinking and perception, therefore the counselor must determine whether parents are prepared to accept and understand new ideas and information before they embark on the actual counseling. Apart from emotional reactions, it is apparent that parents have counseling and guidance needs related to the practical steps they could take to help their child benefit from amplification. The goal of the counselor is to help parents accept the situation, achieve independence and learn to solve problems engendered by their child's hearing loss. The great diversity of reactions and family situations requires a worker who uses counseling skills effectively and is capable of handling a variety of responses. Recovery rate in anxiety type cases is reported as faster where the counselor is warm, permissive, interested in and likes the client and is able to empathize with him. Studies carried out on counselors who worked with parents of children with hearing impairments, Tucker and Nolan (1984:120), Martin and Clark (1996:186) and Peavy (1996:149), indicate success, not due to particular techniques, but dependent more on the personality and attitudes of the counselor. According to Clark (1994:73) many non-professional counselors lack the necessary skills and a positive attitude, when it comes to dealing with families of children with hearing impairments. These non-professional counselors include physicians, dentists, teachers, attorneys, the clergy and friends. Uncertified counselors with basic training in counseling and hearing impairment, who do not assume authority, who empathize with clients and adopt a positive

attitude, form a warm relationship, attach value to clients, accommodate clients' emotions and create a conducive atmosphere for clients to find solutions to their problems, do well in counseling (Blocher, 2000:209). I tend to go along with Blocher's line of thought because a study by McCormick (1986:143) in the United Kingdom where he screened children with hearing impairments using physical methods, with the use of trained health visitors, also indicated that there was no difference in the results obtained by health visitors and those obtained by audiologists.

It is important for parents of children with hearing impairments to be referred to counselors who have knowledge about hearing impairment. Peavy (1996:136) points out that effective counseling should assist the individuals to clarify various aspects of their life-worlds. He further spelt out these aspects:

- Reducing mental confusion and doubt, paving way for decision-making.
- Enabling a forum of 'self-encounter', which helps one to make distinctions about self and
- other, and self and ambient world, thus making one understand his personal reality and life experiences in context.
- Alerting individuals on how they are being influenced by the field of power in which they are embedded.
- Provides hope and encouragement, since individuals without hope have no windows in their future
- Identifying the pros and cons of any coping strategy.
- Provides comfort and/or support. Comfort is a deep human need that can be met through church
- Gatherings, family clans and neighborhood groups.

### **2.7.1 HOW PARENTS ACCESS COUNSELING SERVICES**

Parents can access counseling services by approaching individuals in the counseling profession, counseling service organizations, churches and/or special schools where counselors operate. Some families prefer to invite counselors into their homes and work from there. Others prefer to visit counseling clinics where they can work with one or more

counselors. Kirk, *et al.* (1997:157) point out that in the initial stages parents have no direction of what to do, therefore they rely on advice from those who have or claim to have superior knowledge about hearing impairment than they themselves. Sometimes they are reluctant to take counseling because they are not sure of what they will be told, for they will be afraid of the worst.

A study by Howe (1996:127) in the United States of America, with 34 families who had children with disabilities, produced important observations in counseling. Out of the 34 families that were offered counseling, 23 accepted the offer for therapy. Eleven declined family therapy offer or failed to keep their first appointment and therefore were not considered. Ten of the 11 who declined therapy accepted to be interviewed, as well as 22 out of the 23 who accepted therapy. The purpose of the study was to seek the clients' views on family therapy. Most families who dropped out of the program or remained anxious had not engaged right from the beginning. The families were put into four categories, namely

- the non-takers who were offered therapy but did not accept it,
- the early leavers, who began therapy but withdrew after one, two or three sessions,
- the ambivalent, who remained in therapy but were not fully engaged, and
- the relaxed and satisfied who became fully engaged and remained in treatment.

Interviews with the second group, the early leavers, revealed that family members experienced considerable anxiety over tape recording and video recording. They were also not sure of what they were going to meet in the counseling situation. The methods used and the manner the sessions were run was of some concern. The place of counseling mattered. They preferred home rather than clinic. The style of questioning and the use of supervisors who remained unseen raised the family's feelings of anxiety. This clearly indicates that counseling is a sensitive area, which needs careful planning and handling. It is important that clients are counseled under conditions that do not raise anxiety. As proposed by Gartner, *et al.* (1991), I believe that counseling should be conducted in non-threatening environment where nobody knows or suspects that there is a third party listening.

Another study carried out by Davis (1993:128) focused upon the professional – parent relationship and the parents' experiences. The psychosocial adaptation of parents was of central concern to every professional simply because of the crucial role of parents in all aspects of the care and treatment of the child. One group of parents only attended counseling sessions, but did not develop social relationships. Nor did they get extra support outside counseling sessions. Another group received counseling, developed social relationships with counselors and also received constant support. A number of parents from the first group remarked that after the counseling session or sessions they were left to deal with their problems alone and the counselors disappeared forever. Parents who received counseling and support outside counseling sessions indicated that it is necessary to retain support from counselors. Counselors who employed the partnership model, had mutual respect, kept their lines of communication open, were honest and had an impact on their clients. Church counselors who had close contact with their clients and continued to support them socially, morally and physically proved to be effective and had good counseling results.

On evaluating the two groups, the first group of parents that did not get much support indicated that their situations did not change much. The second group that obtained a lot of support indicated that their situations changed in individual and family life. They changed in the way in which they perceived situations and in the way they planned for their children. They developed a new understanding of their problem which enabled them to set clear goals, to plan how to achieve them, to implement the plans and to evaluate the results at every stage. Their objectives included outings on their own or with the children and family trips. They also set goals for the future of their child with hearing impairment. Some parents expressed that they faced pressure from members of the extended family, friends, relatives and professionals at the expense of their own views. This is a clear indication that counseling should not be terminated before the clients are free to go it alone and are confident enough to handle further problems and obstacles as they come. The study also indicates the importance of the relationship between the counselor and the clients during and after counseling. It is vital that the counselor makes follow-ups of clients counseled to find what progress is being made. The inclusion of close relatives and friends in counseling sessions should be considered. I am of the opinion that where possible counseling should involve the close network of members of the extended family.



It is important to situate this study within the broader context in which it took place. In the next section I will explore the political and socio-economic status of Zimbabwe during the period of the study.

### **2.7.2 ZIMBABWE IN THE PERIOD 1999 TO 2000**

In Zimbabwe the beginning of political disturbances, constitutional changes and the collapse of the economy characterize the period 1999 to 2000. The formation of the strong Movement for Democratic Change political party (MDC) forced the ruling Zimbabwe African National Union Patriotic Front (ZANU PF) to use and engage haphazardly the land redistribution programme in order for them to gain political mileage (Zimbabwe Country Report, 2001:4). The ruling party misused the long overdue land reform programme to win votes. White farmers were displaced and their farms were designated for distribution to the so-called landless blacks, who turned out to be party supporters and high-ranking government officials (Zimbabwe Country Report, 2001:8)

Zimbabwe heavily relies on agricultural products, and therefore the seizure of white owned farms and the giving of them to people who do not have either the knowledge or the equipment to farm plunged the country's economy into crisis. This is the main reason for the collapse of the health, welfare and social security systems. The deterioration of the welfare system has greatly affected the education system, particularly in the area of special needs where poor parents of children with disabilities relied on the social welfare to feed and educate their children. The present status in Zimbabwe is that parents have to pay for both education and health services and those who cannot afford to do so keep their children at home.

This study is not greatly affected by the system in the sense that when the data was collected, parents were already paying for the services. Economic hardships had already started paralyzing the health, welfare and social services. However, if the same study had been conducted in 2003, the results were likely to be different due to increased hardships in general and educational facilities for children with hearing impairments in particular. The effects of brain drain of qualified personnel in special schools might have had a negative impact on the quality of education given to children and on the counseling parents obtain

from special schools. Given this brief background, the counseling of parents of children with hearing impairments in Zimbabwe will be discussed.

### **2.7.3 COUNSELING PARENTS OF CHILDREN WITH HEARING IMPAIRMENTS IN ZIMBABWE**

According to my experiences as an educator, administrator, lecturer in Special Education and counselor in schools and with a counseling agency in Zimbabwe, most of the counseling of parents who have children with hearing impairments was done in special schools because parents had no idea of what to do with the children thereafter. From 1984 to 1997 I worked as a teacher of children with hearing impairments at one of the schools that belong to the Jairos Jiri Association for people with disabilities. This association caters for blind, deaf, physically disabled and mentally disabled people. The association has branches all over Zimbabwe with centres in all the main towns. They also have primary, secondary and vocational schools to cater for people with disabilities from all regions of the country. I used to move from centre to centre during the school holidays to offer counseling services to parents and students who needed help in that area. I was in charge of counseling parents and students at the school (Naran Centre) where I was stationed.

In 1993 I moved to Harare where I worked at a private school as a specialist teacher and school counselor for students and parents who had children with disabilities. In 1994 I studied a practical counseling course with a non-governmental counseling organization (CONNECT). On this course I had to carry out practical counseling sessions and record them with the clients' consent. The recordings on the tapes were marked and feedback was given. I also lectured at the University of Zimbabwe in the department of Special Education. Counseling is one of the courses I taught. As a lecturer I supervised students on counseling sessions and marked their assignments. CONNECT also engaged me as a trainer and marker for those who were taking counseling courses. These experiences have widened my mental horizon and increased my knowledge in dealing with children, parents and families in counseling.

Specialist teachers who were not formally trained counselors carried out most of the counseling in Special schools. The counseling sessions were a ten to fifteen minute once off. I experienced this during visits to special schools as a university external examiner for

one of the Teachers' Colleges that offered a Special Education course. From my knowledge and experiences during and after training in counseling, the teachers who provided counseling services lacked the necessary skills for them to help parents effectively. This was also indicated by Maluwa-Banda (1998:68) in his study in Malawi. The counseling was not planned and did not involve all the members of the family who were affected by the child's impairment. The views of the parents were not taken into consideration, it was simply telling them what to do. The parents seemed to look forward to the experts' advice and never thought they had anything important to contribute. This happened in all special schools for the hearing impaired in Zimbabwe. The pattern of parents coming back to the schools for advice and help had continued from as far back as 1980 and no one knows when this practice will stop. Some of the parents just "dumped" the children at special schools and only pitched up during the child's final year in either the primary or secondary school. The situation has slightly improved in the sense that from 1996 a few teachers, at least one from every special school for the hearing impaired, have qualified in child counseling. As pointed out by Richards (2000:144) the training given to 'counselors' in Zimbabwe, who work in schools, hospitals and the police, is quite inadequate. She goes on to suggest that, although the time is short, the child-counseling course has intensive practical sessions that are of great help to the trainees. The counseling is either done with individuals or groups of parents.

## **2.8 COUNSELING ORGANIZATIONS IN ZIMBABWE**

Counseling organizations and agents in this piece of research refers to Churches, Special Schools, Hospitals and Counseling Centers. Such organizations provide counseling services to the general population. These organizations offer emergency, education and consultation services. Centers concentrate on common problems in that particular community and universal problems are also accommodated. Some of the agencies include traditional centers such as drop in, and open door, whilst others even offer temporary accommodation. Zimbabwe has six examples of such centers: three in Harare, two in Bulawayo and one in Gweru. Counselors in the centers are used to the culture and beliefs of the people in the community, which makes their services effective (Blatt, 1976:36). Outreach programs are organized by a number of counseling organizations that train counselors. They run short courses in different regions and longer courses for a

qualification. Outreach programs help people who cannot access the services since most organizations and agents are established in towns and big cities. This factor was also emphasized by Charema and Peresuh (1996:76) when they pointed out the need for mobile units in rural areas to support parents of children with disabilities. It would also be a good idea for these agencies to decentralize the services. This would help parents of children with disabilities to access guidance and counseling services within their rural areas. Those parents who cannot make it to big cities due to lack of transport fares would also benefit.

It is understood that counseling organizations and agencies deal with widely diverse populations. This encompasses people of different races and cultural backgrounds. Organizations offer a wide range of services from short-term ordinary family problems to agent ones that need immediate attention. These services include Crisis, Facilitative, Prevention, Developmental, Employment, Correctional, Rehabilitation, Marriage and Family as well as Pastoral counseling. Crisis issues relate to concerns about suicide, drugs or rejection by a loved one (Mbiti, 1990:37 and Locke, 1990:21). In this case the counselor provides individual counseling, personal support and/or referral of the client to appropriate resources. Facilitative issues relate to job placement, career/academic concerns and marital adjustment. Prevention issues involve sex education, self-awareness and career awareness. Developmental issues relate to self-concept, child abuse, sexual abuse, murder and death. Capuzzi and Gross (1999:67) assert that a number of key features must be included in any effective counseling organization and center. This view was supported by Nystul (1999:127) and Wallace (1986:34) when they emphasized that counseling organizations should be situated in places easy to locate and have a clear outline of the services provided. Some of the key features cited by Nystul (1999:132) include:

- Quantitative analysis of the population to be served, so that the number of people to be helped and their specific needs can be determined.
- Case management, to ensure that someone is responsible for coordinating and monitoring necessary services.
- A program of support and rehabilitation to provide services appropriate for each client's age, functional level, and individual needs.

- Centers should be located in a setting that is easy for community members to reach, so that they view it and associate with it as theirs. This differs from having to travel long distances that take time and money.
- Counseling agencies should have a team that includes psychiatrists, counseling psychologists and social workers.

## **2.9 MARRIAGE AND FAMILY COUNSELING**

Although the marriage vows read that married people are only separated by death, the high divorce rate throughout the world (Howard, 1996:18) indicates that thousands of couples have decided they cannot wait that long to split up. Certainly an abundance of statistical empirical evidence indicates that family discord and divorce is continuing to increase (Goldenberg & Goldenberg, 1991:211). We can conclude that the traditional image of the home and family as a cozy nest of love, security, togetherness and never ending happiness has been severely battered in recent generations. The need for counselors who can effectively counsel families in such a way that the family fiber is strengthened is greater than ever before. A family that has a child with disabilities is more likely to experience marital problems due to the demands and change of routines caused by such a child in the family (Cristiani, 1995:66). Therefore there is need for effective counseling to help the family hold together without necessarily blaming one another, as is generally the case. Stewart (1986:110) contend that a family with a child with disabilities should be helped to adapt to the situation, engage in tension-reducing mechanisms and coping methods in order to relieve themselves of tension and anxiety. A professional counselor must use skills, logic, and background knowledge to help parents define the problem and find a solution.

Providing effective counseling assistance to families and couples in today's complex and stressful society is a challenging and difficult task, frequently complicated by cultural traditions, environmental pressures and advice from non-professionals. While individual counseling focuses on the individual person and his or her concerns, family therapy tends to focus on 'the family system.' Even where only one member of the family is being counseled, if the counseling is concerned primarily with the family system, it can be viewed as family counseling. As pointed out by Blocher (2000:248) family therapy focuses

on the communication process, power balances and imbalances, influence process, structure for conflict resolution, and the current function of the family as a system. The goal of family therapy is to effect change not simply in an individual within a family but rather in the structure of the family and the sequencing of behavior among its members. An outgrowth of the increased recognition of the extent and popularity of marital problems has been the development of a specialty area within the field of marriage counseling. A survey carried out by Peltier and Vale (1986:134) and Gladding, Burgraf and Fennell (1987:117) on course offerings in counselor training reported family counseling as the most frequently offered course, especially where a family has a child with disabilities. This need could be attributed to a lack of guidance and/or poor support from family members. Frustration and little knowledge of what to do with a child with disabilities could also necessitate the need for counseling. It is clear that when a family is in such a situation they need counseling.

## **2.10 PASTORAL COUNSELING**

From the standpoint of sheer numbers and geographical coverage, pastoral counseling provides a significant resource. Not only are clergy members generally available to listen to the concerns and personal problems of their church members but also are frequently the first source people turn to when in trouble. Many churches offer extensive counseling on marriage, divorce, widowhood, drug and alcohol abuse and other family problems. It is necessary for pastoral counselors to be trained so that they acquire the necessary skills for counseling. My experiences in my church organization in Zimbabwe are that most of the so-called church counselors are people who are not trained in counseling but have been talked to about counseling. It was only in 1996 that the church started to hire and utilize professional counselors in their youth programs. This is one of the reasons why I explore the qualifications of counselors as one of the tenets in this study. In recognition of the counseling need, many theological training programs include courses in pastoral counseling, related psychology and general counseling subjects. For obvious reasons it is recommended that all church members who are engaged in counseling should be trained and qualified if they are to effectively execute their duties. A study by Maluwa-Banda (1998:76) in Malawi, with 20 school counselors who did not have any formal training or qualifications in counseling indicates that all the participants identified common key problems which compromised their effectiveness. All the counselors concurred that lack of

formal training in counseling, lack of adequate time for guidance and counseling and lack of practical skills in counseling were a hindrance to effective delivery of guidance and counseling in their schools. Although the study was carried out in schools, the situation is likely to be the same in churches, hospitals, welfare organizations and other non-governmental organizations. As indicated in Maluwa-Banda's 1998 study, it is likely that if "counselors" who counseled parents of children with hearing impairments from special schools or counseling organizations were not trained, the service they offered might have been affected by their (counselors) lack of confidence.

### **2.11 EMPLOYMENT COUNSELING**

Employment counseling involves counseling school leavers and people from war situations preparing them to enter the job market. Such counseling includes securing job leads, recording job specifications, referring clients to employers, assessing client level of motivation, assessing client readiness for employment and surveying job opportunities.

### **2.12 REHABILITATION COUNSELING**

Rehabilitation counseling involves counseling the disabled. History reflects the admiration that society has always held for those who have overcome physical disabilities to achieve notable success. The man (Franklin D Roosevelt) who was paralyzed by polio in both legs at the age of 39 later became the president of the United States of America and a wartime world leader. The woman (Helen Keller) who was deaf and blind from the age of two, later became a successful author and lecturer. The deaf musician (Ludwig van Beethoven) and the amputee actress (Sarah Bernhardt) are a few of the people who reached beyond their disability (Muthard & Salomone, 1969:11). The achievements of these and others despite their disabilities were notable, but has history failed to record the tragic loss to humanity of those people whose potential was destroyed by the lack of attention to their disabilities. Since world war two, rehabilitation counseling has expanded into public agencies so that these individuals may receive special counseling assistance in overcoming their disabilities. It is also important to consider rehabilitation counselor placement, affective counseling, group procedures, vocational counseling and medical referral. The counselor should not only be knowledgeable in counseling but also in understanding disabilities and the pressure

it exerts on parents. Hosie, Patterson and Hollingsworth (1989:175) point out that rehabilitation centers are increasingly providing services to individuals with disabilities. Counselors in these centers help clients overcome deficiencies in their skills, which are due to their disabilities. Sometimes they work with a special type of client, such as the deaf, blind, mentally ill or the physically disabled. Vocational rehabilitation counseling seeks to help clients with disabilities prepare for gainful employment and appropriate job placement. They coordinate the effort of community agencies on the clients' behalf and those operating in this role function as resource persons.

### **2.13 A CRITIQUE OF COUNSELING ORGANIZATIONS**

Howard (1996:6) in his book 'Challenges to Counseling and Psychotherapy', points out that professionals in most counseling organizations have not had the time, attention or research lavished on them to develop solid professional frameworks capable of underpinning the escalating demands made on them. In today's society, alienation, loneliness and meaninglessness are rife. This is demonstrated by society's developments in counseling and psychotherapy. Like anybody else riding on a rough tide, parents of children with hearing impairments may benefit from turning to counselors who can support them in managing their day-to-day lives and family relationships. Theories and methods to alleviate parents' worries are many, while critical analysis of these methods, on the part of parents is almost non-existent. Howard (1996:7) further alleges that these care professionals are too busy perfecting and packaging their products, and their clients are too pre-occupied consuming them, to wonder about the justification of all this effort. The emphasis is on income rather than outcome, on survival rather than on rationale. Howard (1996:9) points out that when caring, cash and consumption go hand in hand, the most intensively personal attention inevitably attaches to those who can pay for it. There is so much stress in simply trying to deal with human distress all around that there is little time or energy left to oversee the situation and take stock of it. It is not easy to oversee a situation in which one is deeply involved especially when one requires parents to warn others of the pitfalls and the dangers they are collectively running into. Desperate times sometimes require desperate measures and it is probably true that parents are fairly desperate before they consult a counselor or therapist. Parents are desperate to find solutions to the personal problems they feel surrounded, invaded and overwhelmed by.



They are urgently looking for a way out of the humdrum and difficulties that wear them out. In one way or another they are yearning to find some sense of comfort and meaning in a world that seems increasingly set against them. Counseling and therapy are the last resort for those who experience such agony and anguish.

Faced with the demand for the services and the mushrooming of counseling services in family set ups, churches, job situations and/organizations, I feel the priority is to begin by setting higher standards of training and practice in order to offer effective services. I feel that if groups of individuals or organizations are to offer guidance and counseling to parents of children with hearing impairments, they should have all the necessary modalities in place. These include qualified personnel in counseling, clearly outlined counseling programmes and referral centres for further help. It may be unrealistic to expect the existing counseling organizations that have an obligation to secure their identity, to resonate with this challenging tone. However, with time, on employing new counselors and therapists, organizations would be aware of the need to have comprehensive training programmes.

## **2.14 SUMMARY**

I have discussed the counseling theories and techniques in relation to counseling parents of children with hearing impairments, by individuals, churches, special schools and counseling organizations. This leads us into the methods that were used to conduct the study.

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