Calling for a shift in strategy

Counselors believe culturally sensitive interventions hold the key to stopping the spread of HIV/AIDS in sub-Saharan Africa

Says Lisa Lopez Levers, "These are some of the grassroots, faith-based movers and shakers in Botswana who are really taking care of the kids."

Multicultural Issues in Counseling

BY JONATHAN ROLLINS

According to the December 2006 *AIDS Epidemic Update* released by the Joint United Nations Programme on HIV/AIDS and the World Health Organization, approximately 24.7 million people in sub-Saharan Africa are infected with HIV, constituting 63 percent of the worldwide total. The report goes on to say that 2.8 million adults and children in sub-Saharan Africa became infected with HIV in 2006, more than in all other regions of the world combined. In addition, of global AIDS-related deaths last year, 72 percent (2.1 million) took place in sub-Saharan Africa.

At the epicenter of the struggle against HIV/AIDS is Botswana, which until recently had the highest prevalence rate in the world (Swaziland now holds this deadly distinction). "The numbers are just staggering," says Indiana University Chancellor's Professor Rex Stockton, an American Counseling Association Fellow. "If you have a 37 or 38 percent prevalence rate (like Botswana), you understand that, after awhile, you're not going to have a country."

Stockton and Lisa Lopez Levers are among a growing number of counselors from the United States who feel called to join the fight against HIV/AIDS in sub-Saharan Africa. But *wanting* to help and actually helping are two different things, according to the counselors. "All the countries (in sub-Saharan Africa) are inundated by Western aid organizations," says Levers, an ACA member and associate professor in the Duquesne University Department of Counseling. She spent a year as a Fulbright scholar in Botswana working on HIV/AIDS prevention. "All these Westerners are trying to be helpful. They're overflowing with good intentions, but so many people from the West go there without understanding the cultural context or even being interested in finding out about it."

Dan-Bush Bhusumane, president of the African Association for Guidance and Counseling and former head of the Ministry of Education's Guidance and Counseling Division in Botswana, wholeheartedly agrees. "To universalize behavior and interventions is a fallacy and is the cause of failure of most of the HIV/AIDS intervention programs designed for sub-Saharan Africa," he says. "We cannot continue to transplant strategies that have worked for people in New York or London to a village or small suburban town in another corner of the globe and expect that to work miracles. What would work is to have counselors from other parts of the world learn to have a keen interest and appreciation of the belief systems and expectations of patients, respect their conception of care and incorporate their view about well-being."

A call to respect cultural differences

Bhusumane says many aid workers (and counselors, too, for that matter) consider themselves to be culturally sensitive because they appreciate cultural differences, yet they still try to employ methods that are appropriate for their own culture, not that of the client.

"Culture-specific interventions are the key to success in providing counseling for non-Western societies," says Bhusumane, who teaches counseling and human services courses at the University of Botswana and is currently completing his doctorate in counselor education and supervision at Duquesne University in Pittsburgh. "The key thing is to learn more about the groups you are going to help and to respect and appreciate their beliefs and values. Avoid belittling these beliefs and relegating them to 'irrational thinking.' The moment these people, especially those who suffered the brutalities of colonialism and subjugation, feel that you believe your ways are superior, they might either resent that or just follow your way without really buying into it. Worse still, they may follow you because they believe you have the answer to their problems and end up mystifying the help you are giving because they don't believe in themselves."

Stockton had never visited Africa before Bhusumane asked him to help in the counseling efforts there. "Why do you want me — an old white guy?" Stockton remembers asking. "He said he knew enough about me to know that I respected

people." Simply showing respect often begins the process of building a bridge over the chasm of suspicion and misgiving, Stockton says. "You don't just automatically get the people's trust by going over there," he says. "You have to start off by admitting that you don't know everything about their culture. You're there to learn as well as to teach."

When holding counselor training workshops on HIV/AIDS issues in sub-Saharan Africa, Stockton always tries to learn a few words of the local tribal language, even if it's just enough to welcome the participants. In another instance, he learned a handshake specific to the area in which he was teaching and used it to greet the people there. "Their faces brightened up," he says. "It was like, 'Oh, he knows a little bit about our culture.'"

But perhaps the most important aspect of respecting the culture, Stockton says, is simply "letting the people tell you what you need to know." He learned this lesson early on. At one of his first group training workshops in sub-Saharan Africa, a participant spoke up and said, "Prof, don't you think we should start up with a prayer?" That may be a foreign concept for counselor training in the United States, but Stockton readily incorporated an opening prayer into his workshops in sub-Saharan Africa. "The culture there tends to be deeply religious," he says, "so that's very meaningful to them."

Traditional healing

When she was at Ohio University in 1993, Levers listened to the concerns expressed by the African counseling students. They questioned how they could take the Westernized counseling concepts they were learning and apply them back home in Africa. Both intrigued by and sympathetic to their dilemma, Levers began developing some ideas. Soon after, she was invited to share those ideas in the Kingdom of Lesotho. She has been undertaking projects in sub-Saharan Africa ever since.

In 1994, Levers received a federal grant to study traditional healers in three southern African countries. During that time, the traditional healers told her that HIV/AIDS soon would be a huge problem in sub-Saharan Africa, their warnings coming well before those same predictions surfaced in literature in the Western Hemisphere. During her year as a Fulbright scholar (2003-2004), Levers probed the cultural factors contributing to the HIV/AIDS pandemic in Botswana and also researched the design of culturally relevant counseling and education activities. She came home thoroughly convinced that traditional healers are one of the key links to ultimately stopping the spread of HIV/AIDS in the region.

"More than 80 percent of the people still seek health care services from traditional healers," Levers says, "but Western groups want to leave them out of the picture (in the fight against HIV/AIDS). Even the most educated people still consult with traditional healers. They have a lot of cultural cache, and many would love to be working with Western organizations."

This is one area in which Levers believes counselors can have the most influence, both with helping the African people and with modeling effective partnerships for Western aid organizations. "I think counselors could be so effective in the fight against HIV/AIDS if they would go and liaise with the traditional healers," she says. "There's a lot of room for collaboration. I'm not trying to romanticize traditional healing, but when we're looking at the culture, we have to take a look at what the people there are thinking and doing."

In Levers' view, the work of the traditional healers contains a counseling component. Many people seek them out for help with emotional problems and, according to Levers, they have a high success rate in treating psychiatric disorders. Another similarity to counseling was driven home when a widely respected tribal healer engaged Levers one day and said, "Do you know what is wrong with your (Western) doctors? Your doctors don't talk to their patients. We *talk* to our patients."

Until counselors, medical professionals and aid workers truly learn to respect and collaborate with traditional healers, Levers believes even the most well-intentioned HIV/AIDS interventions largely will fall on deaf ears. She knows one traditional healer who uses a poster to educate his clients about HIV/AIDS symptoms, telling them if they have those symptoms, they need to go get tested. "He is the voice of authority in that culture," Levers says, "and that is a lot more effective. We can set up the best testing centers, but they're not doing any good if people won't go get tested because it's not part of their medical paradigm."

While some traditional healers focus on herbal medications, others focus almost exclusively on spiritual healing. "The medical system in sub-Saharan Africa is very tied into the traditional, spiritual culture," Levers explains. "For them, mind and body are one, and an outgrowth of that is that science and spirituality are one." This is another stumbling block for many West-

Continued on page 32

Lisa Lopez Levers works with children in Botswana's capital.

Continued from page 11

ern counselors and medical professionals. But Levers believes an insistence on force-feeding the African people more "logical" interventions has hampered aid efforts. "It doesn't matter what you or I think medically, scientifically or spiritually," she says. "The one reality that matters is that the African people are very resilient and have managed to retain some aspects of their spiritual tradition. It's embedded in their medical system."

Levers has heard criticism that the spirituality-based, more traditional interventions work only because the Africans believe they do. "When did belief become such a bad thing?" she asks.

Group dynamics

In sub-Saharan Africa, HIV/AIDS is often attributed to an evil spirit, Stockton says, and the general assumption is that others can become contaminated simply by being around a person infected with the virus. "In Africa, which is extraordinarily family centered, if you go home and tell your family that you have AIDS, you're likely going to be told to get out," he says. "You lose your family. Then your employer finds out. You lose your job. Even if you don't have a death sentence, you still have a social stigma, which is huge."

The resulting ostracism is particularly

Dan-Bush Bhusumane says counselors can't "universalize" interventions.

Inspired to action

Lisa Lopez Levers and Rex Stockton are just two of the counselors personally invested in the fight against HIV/AIDS in sub-Saharan Africa.

Levers has been working on various counseling-related issues in the region for 14 years, but when she spent a year in Botswana as a Fulbright scholar in 2003-2004, the plight of AIDS orphans exerted an especially strong pull on her. She spent much of her time in very rural, remote areas of Botswana working with people who were caring for AIDS orphans at the grassroots level.

She noted these caretakers were hungry for nuts-and-bolts training in counseling so they could better provide for the orphans. In addition, she found that many of the grassroots efforts were operating out of faith-based groups. These groups were receiving little government support and had limited knowledge of how to negotiate all the red tape to access available resources. By collaborating with local authorities, educators, tribal leaders and traditional healers, Levers helped more than 15 towns and villages in Botswana develop community-based services for children affected by HIV/AIDS. She also provided training to help orphans deal with trauma and loss.

Levers has since established Counseling for Health International, which serves as a broker of resources for grassroots groups helping children affected by HIV/AIDS. She has set up a trust and is currently applying to foundations for funding.

Stockton developed the International Counseling, Advocacy, Research and Education program (I-CARE) with his wife, fellow counselor Nancy Stockton; counseling colleagues Keith Morran (Indiana University-Indianapolis) and Amy Nitza (Indiana University-Ft. Wayne); and Michael Reece, who is in the Public Health Program at Indiana University. I-CARE's primary purpose is to train human services personnel to deal with the psychosocial and mental health needs of those living with HIV/AIDS in Africa. "Mental health is a very important yet often overlooked component of the AIDS problem," Stockton says. Recently, Dan-Bush Bhusumane became a founding member of I-CARE, and Levers has also agreed to join in I-CARE's efforts.

Eventually, the I-CARE program hopes to develop a center devoted to the study of mental health aspects related to the HIV/AIDS pandemic. I-CARE personnel are already in the process of identifying best practices for those working in the field.

"I've had a very blessed career," Stockton says. "I've spent a lifetime trying to make my way in the world. It's now time for me to give back. This is how I plan to focus the rest of my life." ■

— Jonathan Rollins

Show professional pride with membership pins

American Counseling Association members can now wear their pride on their sleeves — or more accurately, on their lapels! ACA is honoring its 10-, 25-, 50-year and lifetime members by presenting them with beautiful, newly designed commemorative ACA membership pins, accompanied by a note from ACA President Marie A. Wakefield.

ACA will send this symbol of recognition as soon as members who hit these milestone membership anniversaries renew for their anniversary year. There is no need to call ACA Member Services to receive your anniversary pin.

ACA has also designed a general membership pin, which debuted at the ACA Convention in Detroit. The pins are now available for order online in the bookstore section of ACA's website (*www.counseling.org*) for $5.

Both the anniversary pins and the general membership pins are gold-tone metal with a clasp back and prominently feature the new ACA logo.

Show your pride in the profession.

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devastating in the collectivist culture of Africa, where the family and other group units — not the individual — are at the center of everyday life. Typically, problems are addressed and solved in groups.

"Isolation kills," Bhusumane says. "We have seen many (HIV/AIDS victims) whose lives deteriorated very quickly because they felt alone. Information and material support have proved not to be effective in addressing the needs of patients. Something beyond just providing for these physical needs is vital."

"Social support is one of the most critical components of care and well-being of HIV/AIDS patients," Bhusumane continues. "In cases where the extended family network has collapsed, the counselor has to help the client reestablish some network. My observation has been that community groups such as churches and other structures that offer compassion and restoration of hope have been effective in helping patients recover and get back to their day-to-day routine. I believe counselors could be an anchor to these groups that provide a supportive environment."

Because of Africa's collectivist culture, Stockton believes group counseling can be particularly effective in reaching those affected by HIV/AIDS. He has led group counseling workshops in sub-Saharan Africa to train a variety of human service professionals, including teachers, nurses and social workers. In Kenya, he worked directly with AIDS outpatients who were treating their condition with medicine. The outpatients wanted training in group counseling skills so they could form their own support groups as a kind of replacement family.

"What do you do without a family? You re-form," says Stockton, a member of the Association for Specialists in Group Work, a division of ACA. "One of the goals of counseling is to help them form these bonds and link them in with other people to form community. That's why group work is so effective. It's helping them learn how to put their lives back together."

Stockton remembers one woman from the group in Kenya who told her fellow group members, "You know, when I die, I know who's going to bury me. It won't be my birth family. It will be you." That experience drove home a point to Stockton. "The sense of community these AIDS patients are able to build is profound," he says, "and the resilience of the human spirit is profound, even in the direst circumstances." ■

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Four roles for counselors

Can counselors really make a difference in the massive struggle against HIV/AIDS in sub-Saharan Africa? "Absolutely," says Rex Stockton, "and it's so overlooked. Counselors have such an important role to play. When it's life and death, that role is even more important."

Here are four major areas of need that counselors can fill:

Prevention: HIV/AIDS counselors can dispel myths about how the disease is spread by presenting accurate information and discussing the need to practice safe sex. "The sooner we intervene with young people at risk," Lisa Lopez Levers says, "the greater the possibility becomes that we might prevent serious problems later in life."

Working directly with those who are infected: This starts with stressing the need for medication compliance but extends much further. Counselors can infuse a sense of hope and encourage HIV/AIDS patients to continue pursuing life goals, says Dan-Bush Bhusumane. "Counselors can have a significant impact by helping heal the wounds that HIV/AIDS creates," he says. "They can bring hope to patients who might feel helpless and devastated by fear, a lack of resources or an inability to provide for the family due to the loss of a job. Counselors can be a support system rather than just being involved in pretest counseling and then leaving the client to struggle with the fear and trauma of facing the challenges that lie ahead."

"Their help is most crucial because these patients do feel alone," he continues. "Patients need someone to 'walk' with them or to feel that someone is there for them, even in times when they feel like giving up. At times the patient just needs to know that there is someone who cares and is prepared to be by their bedside when life becomes a battle for survival."

Working with those "left behind": This can include counseling for spouses, family members, friends or even coworkers of HIV/AIDS patients, but counselors say the most pressing need is to help the mind-boggling numbers of children dealing with the disease's aftermath. According to a 2003 report released by the Joint United Nations Programme on HIV/AIDS and the World Health Organization, it was estimated that 21.6 percent of all children in Botswana would be orphans by 2010. "The reality is, look at the statistics — almost every child in southern Africa is impacted by HIV/AIDS," Levers says. "You can imagine that a lot of children are being left behind, or at the very least affected by the pandemic."

If they're "lucky," these children are being raised by their grandparents. But in many instances, Bhusumane says, orphaned children are left to raise themselves and their younger siblings as best they can. "Although Botswana provides materially for most registered orphans, the love, care and nurturing they need at this tender age is lacking," he says.

"Counselors have to step in and facilitate in identifying and creating systems of care and support for these young people who lost their parents," Bhusumane says. "Helping these children deal with grief and loss and the general trauma of facing the world without parental guidance and nurturance also requires counselors." He says counselors can assist the orphans in dealing with social, personal, academic and career concerns.

Training: The need for people who can provide mental health services in sub-Saharan Africa is overwhelming. That's why Stockton, Levers, Bhusumane and others have provided counselor training in the region to various human services personnel such as teachers, who often are expected to pull double duty as counselors in their schools. "Training is very, very important," Stockton says. "Think about the mental health implications of finding out you have a deadly disease. The counseling I teach is just a basic understanding of what the person feels. It's not like brain science; it's just teaching good, basic counseling skills." ■

— Jonathan Rollins