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Changing the Subject? : Psychological counselling in eastern Africa

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One afternoon a few years ago I was sitting in the office of a small non-governmental organisation in Zomba, Malawi talking to one of the employees - a former nurse who had become a youth worker and counsellor. Victoria and I had met on previous occasions and spoken at some length, but on that afternoon I could see that she was anxious to move me on.ⁱⁱ The cause of her anxiety sat on the desk between us – a massive spiral-bound training ‘handbook’ on the subject of psychological counselling for young people. This forbidding volume of several hundred pages had just arrived by courier from a U.S based donor organisation and was designed to train schoolteachers in basic psychological counselling concepts and skills. The following morning Victoria would be training the trainers who would train the schoolteachers, who would then be in a position to offer psychological help to school pupils. Victoria’s immediate task, which had to be completed before the next day, was to work her way through this volume inserting culturally appropriate and locally relevant examples throughout the text. The text would remain in English, though where certain words or phrases appeared likely to be confusing for its users, Victoria might substitute a word or phrase in the vernacular. Amongst those words and phrases were psychological terms that might not be immediately recognisable to the trainers or the schoolteachers, and which would require more than straightforward linguistic translation. It was clear that, when leading the workshop, Victoria would have to extemporise in the vernacular and, presumably, as the manual made its way down the training food chain, it would make further demands on the interpretive skills of its users.

Psychological counselling has become big business in some parts of Africa in the last decade or so, resulting in the creation of a whole new professional group, as well as a largely unregulated body of self-appointed experts working with a bricolage of concepts and techniques.ⁱⁱⁱ While, for the most part, medicalised mental health services in most Africa remain grossly under-resourced, ‘counselling’ has attracted

increasing amounts of funding, and has, in some cases, become a service sector industry of some importance, generating its own growth. Because this is by nature an expansive field of activity, it is not easy to define it very precisely. Nikolas Rose, drawing on Canguilhem writes of the ‘psy sciences’ as exhibiting “generosity”, lending its expertise freely to other professional groups and grafting itself onto a whole range of practices including management, health, education, the law and parenthood (Rose, 1998, 87,92; Canguilhem,1956). This “generosity” is certainly in evidence in contemporary Africa where psychological counselling techniques have spread themselves freely through health, education and management systems, through non-governmental organisations and governments and often in alliance with religious organisations and leaders. Though the ‘psy sciences’ have an amoebic quality, at their heart lies a set of ideas about the self and a set of techniques “for understanding and practising upon yourself.” (Rose, 1998,17). Rose argues that new languages of the self create new people, though he also points to there being more heterogeneity in these techniques of the self and their associated regimes than is usually allowed for (Rose, 1998,2). Foucault saw this remaking of subjectivities as intrinsically linked to the rise of western liberal democracies and their emphasis on the necessity for ‘free’ individuals to govern themselves, though as Rose points out, the ‘psy sciences’ have flourished under a range of political regimes, including authoritarian ones (see, for example, Etkind, 1997). How far the growth of this industry in Africa is part of a process of ‘neoliberal subject formation’ is not a question I have an answer to, though I do want to suggest that the recent history of the ‘psy sciences’ in Africa points to a more complex story.^{iv}

This paper reviews the historical development of counselling technologies in contemporary Africa, focusing on the experiences of Kenya and Malawi. This is a small-scale and limited study, but my purpose is to indicate how and by whom these technologies have been implanted in this part of Africa, what they mean locally and how they have been transformed in this context. In some ways psychological counselling is like any other technology imported through the institutions of ‘development’ and the market. Like hybrid seeds and medical technologies, it comes with a set of supposedly universal precepts and rules of application which are adopted, rejected and adapted in a myriad local experiments. It is also a technology with considerable ambition – to transform the way individuals think about themselves

and their relationships, to reformulate the terms by which they understand their own life experiences and, in particular, to direct them to ways of managing and moderating human suffering. Of course, this is only one of many influences on contemporary subjectivities in Africa and I am not suggesting that it is the most important of them. Religious beliefs, practices and institutions are conspicuously involved in the adaptation and application of counselling in eastern Africa, though there are also those who welcome psychological counselling as a distinctly secular technique. This is no straightforward story of the globalisation of the mind or the ‘re-writing of the soul’ (Watters 2011; Hacking, 1995).^v However, there is undoubtedly a global political dimension to the application of externally-derived psychological labels and norms. This is most obvious in the case of ‘trauma’ (Fassin and Rechtman, 2009) but the question goes beyond this.

Since I am discussing confessional technologies, it might be appropriate to begin in confessional mode. When I first started researching this phenomenon, I was deeply suspicious. I remain suspicious, but less so. My suspicions in part derived from a longer experience of working with and learning from mental health professionals in this region of Africa. Though there have been some improvements in mental health provision, overall this is still a grossly under-resourced sector.^{vi} Whether there is a ‘real’ increase in serious psychological distress and illness in present-day Africa is probably impossible to determine, but this is the common perception, and it is certainly the case that pressure on existing facilities and professional capacities is often insupportable. There are few psychiatrists in the region, and psychiatric nurses perform a difficult and undervalued task. Psychiatry professionals, even when trained in the techniques of psychotherapy, rarely have the time and opportunity to put these skills into practice with their patients, and are left to rely heavily on drug therapies (the supply of which is itself often uneven and unreliable). In this context, it is unsurprising, but nevertheless worth noting, that the psychological counselling industry is siphoning off talented nurses and educators away from the government-run health sector, and that external funding appears to be much more readily available for counselling than for psychiatric services. Of course, psychiatry itself is an import, with a colonial history which, in the case of Kenya in particular, is deeply problematic. Nevertheless, it seemed to me that counselling was above all a **business**, underpinned by neoliberal conceptions of the sovereign individual that

seemed out of kilter with more fluid, socially embedded forms of subjectivity that are generally thought to have characterised this region (Ferguson, 2013). My position, I realised uncomfortably, was coming dangerously close to this: people in Africa cannot afford psychological counselling and what is more it's not appropriate for them. A resoundingly neo-colonial argument, not a million miles away from the colonial discourse on the 'African mind' which I (and others) had previously critiqued (Vaughan, 1991; Vaughan, 2010; Vaughan, 2012). If such a position was already untenable, it became even more so as I conducted interviews with psychological counsellors and trainers in the region.

Delineating the 'field' is far from straightforward, but let me be clear that the subject of this paper is not psychoanalysis, which for the most part (outside pockets of South African society) has had little impact, as a practice, on sub-Saharan Africa, though there are of course theoretical links between psychological counselling and psychoanalytic theory.^{vii} Neither, for the most part, am I discussing in-depth psychotherapy, though this does exist (Nwoye, 2010; Madu, Baguma and Pritz eds., 1996). I am not addressing the question of the practice of psychiatry in the region, nor the role of the global pharmaceutical industry in promoting the use of anti-depressants and other medications, important as both these issues are. Rather I am referring to the explicit teaching of a set of diverse self-making and healing therapeutic practices labelled 'counselling' which draw their authority from a range of psychological theories, prominent amongst them those of the American psychologist, Carl Rogers.^{viii} Far from displacing other confessional regimes, as Foucault implied, the new 'priesthood' of counselling often works in a close relationship with religious leaders and institutions, whilst exhibiting and lending a novel technique and style (Rose, 1998).

The expanding realm of counselling technologies is part of a larger process linked to initiatives around 'global mental health'. (Bemme and D'souza, 2012; Summerfield, 2012). In his 2010 book, *Crazy Like Us*, Ethan Watters argued that, the world over, emotional states and psychological processes are being redefined in the homogenizing terms of American psychiatry with, he argued, devastating effect (Watters, 2010). This position is powerfully contested by those who argue that the real scandal is the neglect, not over-prescription, of psychiatry in the global south (Patel et al.eds,

2013). Though the counselling industry has certainly participated fully in a move to ‘globalize’ its application, it also has (as one might expect) a tendency towards self-reflection, and some democratic instincts. It is more susceptible than, for example, the psychiatry profession, to conceptual and ethical challenges from within its own ranks. So, in the course of ‘going global’ in the 1990s and 2000s, counselling professionals have worried away and reflected on what they persistently frame as a ‘cross-cultural’ encounter between the ‘West’ and others. (*Journal of Counseling and Development*, 2010; Lorelle, Byrd and Crockett, 2012). This re-hashing of a very old debate on cultural difference, framed in binary terms, harks back to contentious issues in colonial psychiatry, though the more immediate reference of these authors is to ethnopsychiatry and the ‘multicultural’ contexts of Europe and the USA (Anderson, Jenson and Keller eds., 2011; Mahone and Vaughan eds., ; Pederson, Draguns, Lonner and Trimble eds, 1989).^{ix} Though issues of post-colonialism, race and power do appear in these discussions, the central focus is one of culture, and a perceived ‘cultural clash’, essentially between ‘Westernization’ and ‘tradition.’^x In particular, the circular discussion on whether non-European ‘others’ have selves which can be equated to western selves, just keeps on circling (Comaroff and Comaroff, 2001). Also pervasive are versions of the idea of cultural ‘maladjustment’ in a period of rapid globalization and of an essentially pathological state of personal and moral limbo resulting from incomplete adjustment to new circumstances. With this diagnosis, psychological counselling can present itself as a modern technology, but one sensitive to existing cultural norms and practices, which will enable individuals in the global south to make the personal transitions apparently required by the advance of capitalism, without suffering and getting sick in the process.

Genealogies

While Zomba, where Victoria works, is a sleepy town in one of the poorest countries on the continent, Nairobi is a city of around three million people and a hub for both local and international business. Kenya has a large and expanding economic elite, and numerous universities feeding a demand for the skills that young Kenyans need if they are to succeed in a competitive local and global job market. Amongst these skills are those associated with the ‘psy sciences’ (Rose, 1998). I have counted thirteen universities in Kenya offering degrees or diplomas in psychological counselling, but this is likely to be an under-estimate. In addition to locally grown degrees in

counselling there are those offered by foreign (predominantly British) universities, as well as courses offered by an ever-expanding number of non-university institutions providing training courses as well as counselling services (Atieno Okech and Kimemia, 2001; McGuinness, Alred, Cohen, Hunt and Robson, 2001).^{xi} Amongst the latter are at least two long-established Kenyan institutions, founded and run by Kenyans: the Amani Counseling Center and Training Institute, founded in 1979, and the Oasis Africa Counseling Center and Training Institute founded in the 1990. So though the recent growth in this activity has been remarkable, psychological counselling in Kenya has a longer home-grown history.

Most of the graduates from Kenyan university courses in psychological counselling end up working in the country's non-governmental organisations and in private clinics. There is also little doubt that the corporate sector is fuelling this activity in a service sector growth pattern familiar from other parts of the world. Local and international businesses in Kenya introduce their employees to a psychologised management-speak, and directly (through Employee Assistance Programmes) and indirectly create a demand for modern techniques of self-knowledge, stress management and personal development. This all takes place in the context of a widely diffused globalized culture of self-fulfilment and self-making and of a religious revival which places an emphasis on individual self-care (Comaroff, 2012). Though many of these factors are present elsewhere, the case of Kenya is somewhat unusual because here the government has recently taken a very active interest and role in the provision of psychological counselling for its employees.

Employment in the Kenyan public sector, though 'streamlined' in the 1990s, still represents a very significant proportion of the country's formal wage economy.^{xii} In December 2008, the Government of Kenya launched a new, centralised and ambitious policy to enhance productivity amongst public servants through addressing their "psychological and emotional needs". The new Public Service Guidance and Counselling Policy would apply to all public servants employed by the Civil Service, State Corporations, Local Authorities, Judiciary, Parliamentary Service Commission, Teachers' Service Commission, Disciplined (sic) Services and Armed Forces, Public Universities and the Electoral Commission of Kenya. In a message published in the national newspapers, the Minister of State for Public Service and the Permanent

Secretary outlined the rationale for this new policy. Over the past two decades, extensive reforms in the public service sector, as well as “social political and economic changes in the country” had become a “significant source of stress” for public servants, the negative impact of which was evidenced in “cases of indiscipline, chronic absenteeism, negligence, low motivation to work, alcohol and substance abuse at the work place.” In addition, public servants faced further challenges posed by the impact of HIV/AIDS, Government restructuring and “social and financial difficulties.” Counselling services, they explained, were an integral component of effective human resources management and would help public servants to “resolve and cope with psychological and emotional issues which could negatively impact on their performance.” (*Daily Nation*, 2008). To this end counselling services were to be mainstreamed within the state sector and overseen by a Counselling Secretariat.

The ambition of the Kenyan policy was remarkable by any standards, implying as it did that even the lowest-paid public servant would have access locally, and by right, to counselling services provided by fully qualified personnel. Not that everyone was entirely convinced of the worth of this new activity in the context of resource scarcity. Kenyan psychiatrists point out that the expansion of counselling in Kenya should be contrasted with the neglect of mental health services falling under the Ministry of Health and the abject state of the country’s main psychiatric institution, Mathari Hospital.^{xiii} Perhaps predictably, the evidence for the implementation of this policy is in any case patchy at best.^{xiv} However, as a statement of intent, the 2009 Public Service Counselling Manual (issued by the Ministry of Public Service) is a remarkable document. Running to 88 pages, its primary purpose is a bureaucratic one - to ensure “harmony and uniformity” of provision of counselling services down to the district level. In line with other public services in Kenya, psychological counselling is to be managed at national, provincial and district levels, with oversight from Counselling Committees at each level (Republic of Kenya, 2009). Much of the manual is taken up with information on the governance and management of the new policy, including the functions of the newly established posts of District and Provincial Counselling Officers. But it also details at length the meaning and purpose of psychological counselling, its code of ethics, and supplies a glossary of psychological and psychoanalytic terms, including, amongst other things, an

explanation of counter-transference (p.vii). On the face of it, it would appear that the discourse of therapy has colonised Kenya's government bureaucracy.

The policy and its accompanying manual also provide clues to the multiple genealogies of psychological counselling in this part of Africa. One of the most important of these is embedded in the history of responses to the HIV/AIDS pandemic in Eastern, Central and Southern Africa. In Malawi, which lacks Kenya's sophisticated business sector and large globalised middle class, this factor looms very large indeed, but it is also an important influence in Kenya (Stockton et al., 2010; Richards et al., 2012; Atieno Okech and Kimenia, 2001). Across Eastern, Central and Southern Africa, where the epidemic was at its most devastating, anti-retroviral drug therapies were not widely available until the introduction of the US-led PEPFAR initiative in 2003. Though counselling methods were employed on a small scale in non-governmental and faith-based organisations before the anti-retroviral "rollout", their more widespread adoption came as part of the drug-delivery package. With PEPFAR funding for drugs came a strong push for HIV testing across the region, and with this came VCT, or 'voluntary counselling and testing'. Anyone coming forward for testing was to be psychologically 'counselled' both before and after the test, and though in practice this 'counselling' element was usually brief and sometimes non-existent, the VCT regime exposed large numbers of health professionals in the region to the existence and basic principles of counselling, and created a demand for training in counselling technology. Government health professionals, particularly nurses, work under extremely difficult conditions in most parts of this region. Training in counselling enabled some of them, like Victoria in Malawi, to embark on a new career, and one which appeared to offer more opportunities for advancement than nursing, including, critically, employment within non-governmental organisations and exposure to international donors. Counselling is, in the jargon, a 'transferable skill'.

For many rural people in particular, 'counselling' is inextricably linked to HIV/AIDS and sometimes carries the same stigma (Grinstead and Van Der Straten, 2000). The belated "rolling-out" of anti-retrovirals in countries including Kenya and Malawi was executed both through creaking national health systems, but more noticeably through non-governmental organisations funded from overseas and equipped with the social as well as medical techniques associated with epidemics. As Vinh-Kim Nguyen

and others have shown, HIV/AIDS interventions in Africa have come, not only with regimes of blood counts, but also with a range of “technologies of the self”. In a context of rationing, demonstrating the “right attitude” to one’s illness operates alongside medically-determined qualifications. What Ngyuen calls ‘AIDS citizenship’ implies familiarity with a range of techniques and languages of the self which combine ideas of individual responsibility and bodily praxis. Beyond VCT, much HIV/AIDS counselling is directed at propagating these ideas through psychological management (Nguyen, 2010; Cassidy and Leach, 2009).

A second strand in the multiple genealogy of psychological counselling is associated with human rights discourse, particularly in relation to the welfare of children and ‘youth’ (Englund, 2006). Inter-generational relationships are widely perceived as being in crisis across Africa, where the very term ‘youth’ often implies a political threat created by the inability of individuals to move smoothly into the responsibilities of adulthood and a dissipation of ‘traditional’ social values. Wider changes to the political economy have contributed to this perception of crisis – including, crucially, large-scale urbanisation, and neo-liberal economic policies that have made the attainment of an economically viable adulthood more difficult. Into this mix have come both HIV/AIDS and a human rights discourse, including a discourse on the physical and emotional abuse of children, heavily propagated by UNICEF amongst other agencies (Vaughan, 2011). In areas most affected by the HIV/AIDS epidemic, ‘normal’ patterns of parenting have been severely disrupted. Many young people have been left to look after themselves and their siblings, or are being cared for by grandparents and other relatives in contexts of economic scarcity. Older people are used to providing ‘advice’ to younger people, but now, in addition to being placed under additional economic and emotional strain they complain that their advice is ignored; worse still, they are treated with disrespect by children now schooled in their rights. Across the region allegations of the abuse of children, including their sexual abuse in the context of ‘witchcraft’ practices are widely reported in the press. At the same time, children are themselves also accused of being ‘witches’ by, amongst others, radical evangelical churches. Analysing these inter-related and complex phenomena is hazardous to say the least. There is undoubtedly a longer history to these fraught inter-generational relationships, including a documented history of abuse within the educational system, to which agents of the psychological sciences

have responded with their own advice. In Kenya two major incidents in secondary schools in 1999 and 2001 encouraged the development of a system of school-based counsellors and, in 2002, the creation of a National Youth Policy furthered the ambition of providing free counselling in all schools and institutions directed at young people. One of the effects of this policy was to create a large demand for formal training in counselling on the part of schoolteachers (Atieno Okech and Kimemia, 2001; Mwiti, 2006). Across the region youth counselling took off in a big way from the late 1990s. Some of this activity was funded by UNICEF which helped establish a Guidance Counselling and Youth Development Centre for Africa in 1997, based in Lilongwe, Malawi.

And then there's trauma. One section of the Kenyan government's Public Service Counselling manual deals explicitly with the role of "trauma counselling" and "psychological disaster response". The creation of an international trauma industry has been described by a number of authors (Watters, 2010; Fassin and Rechtman, 2009; Hacking, 1995)^{xv}. The "trauma" of political violence is widely cited as a cause of severe psychological harm across East Africa, which has seen a succession of population displacements occasioned by conflict since the late 1950s. Kenya has a long history of playing host to displaced persons, from Ugandans in the 1970s, to Ethiopians, Sudanese and Somalis from the 1990s to the present day. By the time of the Rwandan genocide in 1994, the small group of Kenyan psychology professionals were familiar with the international humanitarian conceptions of victimhood and their increasing invocation of the notion of trauma and of Post-Traumatic Stress Disorder to describe and analyse collective and individual suffering. They were well placed then, and have remained active in providing psychological services to displaced people, usually working with international organisations.

In 1998 their experience in trauma counselling and "psychological disaster response" was in demand again. The bombing of the US embassy in Nairobi killed 216 people, of whom 204 were Kenyans. Thousands more were seriously injured. In response the US Government, through its development agency, USAID, funded counselling services for those affected, and these were channelled through local agencies including the Kenya Red Cross Society and the Amani Counseling Center (Ndetei, Kassina and Kathuku, 2006; Ndetei, 2009; Mwiti, 2009). Made aware that help of a

new kind was available to the victims of violence, Kenyans understandably demanded access to it, alongside making claims for financial compensation. When post-election violence took place in Kenya in late 2007 and early 2008 professionals had immediate recourse to the psychological terminology of trauma. An army of trauma counsellors was on the scene in Kenya diagnosing a range of post-traumatic disorders, even before it was evident that Kenya was 'post' anything. One psychiatry professional (Dr. Lukoye Atwoli) described "a mad scramble by various groups to provide counselling", some of which, in his view, did more harm than good. (http://kenyanpsychiatrist.blogspot.co.uk/2009_06_01_archive.html). As Augustine Nwoye has put it, the future of psychotherapy in Africa "looks bright and promising" not least because these "ugly incidents" have "started to make the importance and strategic role of psychotherapy in modern Africa visible to African governments (Nwoye, 2010, 40). The September 2013 terrorist attack on the Westgate shopping mall in Nairobi, which left at least 70 dead and hundreds injured, would appear to have proven him correct. Calls for trauma counsellors were issued before the four-day siege was over.

A final, and centrally important strand in the genealogy of counselling in this part of Africa is that associated with religious organisations. Psychological counselling in Africa is very far from being a secular technology supplanting religious practices. Perhaps the extent to which the 'psy sciences' ever did that, has been exaggerated in a somewhat garbled Foucauldian account of their European history. Heather Curtis, writing of religious revival in early twentieth United States has pointed to the appropriations of psychological theory and language by evangelicals faced with an expanding pentecostalist movement (Curtis, 2011). Rhodri Hayward, writing of Britain in the same period shows how religious fundamentalists appealed to concepts of the unconscious as they attempted to make sense to the ecstatic Welsh revivals of 1904-5 (Hayward, 2004; 2007). Christopher Harding describes the evolution of a psychologised spirituality amongst Christian communities in Southern India in the twentieth century and is also exploring the relationship between the psy sciences and Buddhism (Harding, 2011) and other scholars of South Asian history have pointed to the appropriations of psychoanalysis by Indian thinkers and its relationship to forms of spirituality (Kapila, 2007).

In Eastern Africa the formal relationship between Christian institutions and psychological counselling goes back at least thirty years. As Atieno Okeche and Kimemia note for Kenya, the Catholic Church pioneered counselling practices in the late 1970s through its Family Life Counselling Association (Atieno Okeche and Kimemia, 2001). Most of this activity was focused on marital counselling and was in part a response to challenges posed to its teachings on contraception, but it was a large initiative, repeated across the region and intensified when the HIV/AIDS epidemic took off. In some areas established churches have played an important role in delivering mental health services, plugging gaps in wholly inadequate government programmes. Community based mental health services, such as the programme delivered in northern Malawi by the Catholic Hospitalier Order of St John of God, though focused on individuals understood to be suffering from psychological disorders (defined in both local and psychiatric terms), also extend into providing counselling in its more expansive form. In their publicity leaflets the St John of God Community Services define “psychosocial counselling” as “a helping relationship aiming at helping people to grow as a person and to relate positively to themselves, to others and to God” and as a way of assisting people to “Grow as human being; face the challenges of life; develop interpersonal skills; be productive and successful; become fully alive; find more happiness”. Individual counselling, it goes on, is “something very personal” in the course of which “the person is welcomed and accepted as he or she is now and is accompanied on the way towards the desired goals.” Though more conventional ‘pastoral care’ is also part of the St John of God remit, their ethic of “Hospitality” and their belief in each person’s “inalienable right to share “the abundance of life promised by Jesus in the Gospel: John 10:10”, appears to have made the move of this religious organisation into psychological counselling and training a seamless one.^{xvi}

Added to the activities of the established churches in this field is the phenomenal growth of Pentecostalist churches, some of which consciously aim to integrate psychological counselling techniques into their spiritual practices and healing services, particularly in relation to marital issues and sexuality (van de Kamp, 2012). But churches labelled broadly ‘Pentecostalist’ can vary widely in their approaches and not all are sympathetic to psychological concepts and therapies, regarding these as a distraction from spiritual sources of distress and illness. Indeed, some churches view

psychological counselling as a form of heresy. It is clear that the relationship between religious beliefs and institutions and the ‘psy sciences’ in this part of Africa is centrally important, though not straightforward. For many African practitioners, including those operating in avowedly secular contexts, psychological counselling has an intrinsic spiritual element. Nwoye notes that many leading psychotherapists in Africa “come from the ranks of the clergy”, though he also refers to psychotherapists like himself as “constituting the new priesthood.” (Nwoye 2010, 36).

The marked pluralism of the contemporary African healing economy makes for a competitive market and one generally welcoming of innovation. African consumers of health and spiritual care are often willing to ‘try out’ competing practices.

Psychological counsellors in general locate themselves at the self-consciously ‘modern’ end of this wide healing and spiritual spectrum, and though some trans-cultural idealists (mostly non-Africans) dream of marrying counselling with forms of ‘traditional’ healing, this is not an aspiration I have encountered amongst most of the counsellors I have met (Moodley and West, eds, 2005).^{xvii} There is also a long history in many parts of Africa of engagement with the idea of ‘self-help’ and of newspaper ‘agony aunts’ (Newell, 2002; Newell, 2011; Mutongi, 2009). Psychological counselling in many of its current incarnations is continuous with this well-established largely Protestant Christian culture of self-making, self-striving and self-help. It is a ‘method of hope’ that speaks to the need to keep on trying (Miyazaki, 2004). With this history in mind, one can view the current counselling revolution as just part of the massive expansion of non-governmental organisations in Africa that has accompanied the march of neo-liberalism, providing employment for a globalised middle class, but doing little or nothing (so the argument goes) to address the consequences of increasing inequalities and of poverty. It seems appropriate therefore to approach this subject with a degree of detached scepticism, in spite of (or perhaps because of) the evangelical enthusiasm of many of its advocates. But I am inclined to take its attractions more seriously.

Firstly, there is the question of method, which appears to be critical to the ways in which trained psychological counsellors identify themselves and claim a special place within the economies of healing and self-making. Psychological counselling as practiced in the African contexts with which I am familiar sells itself in part on the

basis of its humanistic ideology and avowedly democratic method. One should not, of course, take this at face value. In Africa, as elsewhere, power is exercised in the relationship between counsellor and client and specific values are promulgated implicitly or explicitly. And yet, it would be wrong to dismiss these claims entirely as ones of bad faith (Rose, 1997). Many psychological counsellors first encounter counselling methods as clients seeking help, only later moving, through training, into the position of counsellors themselves, a trajectory which echoes that found in many other African healing systems. Their identification with the methods, then, is to some degree born of their own experience of the therapeutic relationship as clients. These methods, in the contexts with which I am familiar, are essentially those of a Rogerian 'client-based' therapy. Indeed Rogers is explicitly cited in the Government of Kenya's Counselling Procedure Manual in describing the "core values" of counselling as "empathy", "unconditional positive regard" and "genuineness" (Republic of Kenya 2009, p28). In my conversations with counsellors I have been struck by how often they emphasised how new and even revelatory they found these values, and the methods associated with them. One young woman counsellor in Kenya described to me at length her feelings about the importance of listening. For her (and for others I have interviewed) the novelty of the 'speaking cure' lay less in the speaking and more in the method of listening, and the possibilities produced by periods of silence. When I protested that surely listening was not new to Kenyan therapeutics, she insisted that in her own experience, the person seeking help with feelings of distress or hopelessness in non-counselling contexts (family, 'traditional' healer, religious community) would be 'talked to' and 'advised' by people usually older than themselves, but would rarely be listened to in an open-ended way. For this woman, then, the counselling community and its practices stood in marked contrast to a largely patriarchal culture of 'advice' which characterised family and religious institutions.^{xviii}

Secondly, though undoubtedly counselling, in its Rogerian form, is largely an individualistic practice, it does not focus exclusively on self-making. Counselling practitioners in Africa often echo the religious values of their clientele through their emphasis on the exploration of suffering as both an individual and a collective experience. For some people a psychological language of suffering and fear, pain and anger, is both sufficiently congruent with, but also sufficiently distinct from a spiritual

vocabulary to hold a real attraction. Counselling, as the St John of God leaflet reminds us, is also a “helping relationship”, and its attention to relationships and interdependence makes it susceptible to creative reinvention in African contexts where, historically, the ethic of collective well-being has been powerful. Many counsellors told me that they improvised within the theory and methods of their training.^{xix} That clients might find spiritual meanings for ‘psychological’ disturbances was almost a given, but whilst giving due weight and attention to that, the trained psychological counsellor still felt that she or he had a method and insights that would complement, supplement or in some cases substitute for spiritual care. Some also reported that they consciously adapted some of the ‘rules’ of the counselling methods and ethics in which they had been trained. For example, though the value of confidentiality in many contexts was acknowledged, counsellors told me that, with their clients’ consent, they often shared information with the clients’ families and friends, sometimes bringing them in to sessions. This was done in recognition of the fact that day-to-day care-giving happens within the family, but it was also sometimes given a cultural gloss: “This is how we Kenyans [or Malawians] do things – the family must be involved.”

An element of self-conscious ‘Africanization’ of psychological counselling is evident amongst many of its prominent practitioners who, to differing degrees, invoke ‘indigenous’ values, often alongside African Christian ones. Dr W^{xx}, who has a PhD in Clinical Psychology, founded and runs a large and thriving practice in Kenya, which works extensively with international organisations as well as with a local clientele and which plays a prominent role nationally in training. She practices what she calls “Transformational Psychology”, paying particular attention to “cultural and indigenous value systems”. Echoing a long tradition of colonial and post-colonial psychological theorising in eastern Africa, Dr W and others view the rapid transformation of their societies as creating a values vacuum increasingly filled by materialism and individualism – a process which they view with alarm. Their focus on individual development and on self-care and fulfilment is married then, not only with an appeal to Christian values of community, but also with an appeal to ‘African’ values rooted in past (or endangered) traditions of inter-dependence and holism. Many psychologists reflecting on their discipline in Africa, are critical of and selective in their adoption of western psychological theories and self-consciously

integrate what are glossed as African values into their practice (Mwiti and James, 2013; Mkhize 2004; Bandawe 2005 and 2006). For some this finds expression in the South African concept of 'ubuntu', now widely cited as a pan-African set of values (Eze, 2008). What one makes of this strategy is clearly open to interpretation, but it is evidently attractive to many. If the psychological counselling industry is a product of the 'globalisation of the mind', then, like other technologies of globalisation it is being both re-engineered and re-theorised in the south. (Comaroff and Comaroff, 2012)

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ⁱⁱ 'Victoria' is a pseudonym.

ⁱⁱⁱ For a recent review of counselling and psychotherapy in sub-Saharan Africa see contributions in Moodley, Gielen and Wu (eds), 2013.

^{iv} For accounts of neoliberalism and subject formation in contemporary Africa see Makhulu, Buggenhagen and Jackson eds., 2012; Comaroff and Comaroff, 2000.

^v For a deeply insightful study of how 'depression' has been reframed in the Japanese context see Kitanaka, 2012.

^{vi} The state of African psychiatry is explored in a recent volume (Akyeampong, Hill and Kleinman eds., 2015).

^{vii} Psychoanalytic thinking (as opposed to practice) has, however, had an impact on the construction of 'Africa' and on colonial and postcolonial philosophical thinking on the continent (Anderson, Jenson and Keller eds., 2011).

^{viii} Carl Rogers (1902-1987) was an influential American psychologist whose phenomenological and humanistic approach to the self led him to formulate the practice of 'client-centred' therapy, which emphasises the capacity of the individual to find within them the capacity for self-healing. The therapist, Rogers argued, must treat the client as a subject rather than an object, with attention to the maintenance of human dignity. Later in life Rogers became involved in as an advisor in conflict resolution, including in South Africa (Thorne and Sanders, 2013).

^{ix} For a critique of 'ethnopsychiatry' as practiced in France, see Fassin, 2011.

^x In South Africa, a more radical tradition of 'critical psychology' draws on a mixture of Marxism and European critical theory to engage with questions of power, inequality and race, and recognises the discipline's own past complicity in the systematisation of psychological and material oppression. Though 'culture' in the form of African concepts of the self, does appear in these South African discussions, it plays relatively minor role in relation to what are perceived as more powerful structural determinants of collective psychological well-being (Hook, 2004).

^{xi} There are around 400 members of the Kenya Psychological Association. These are individuals with formal qualifications in psychology and this number does not include those trained only as 'counsellors'. The entire field of 'counselling' and psychology in Kenya is large and amorphous and includes church-based and 'indigenous' counsellors with no formal training; church-based counsellors and others with a few weeks of training (often around HIV/AIDS and VCT); holders of Certificates in counselling (usually around 6 months of training); holders of Diplomas and Higher Diplomas (2 years of training); holders of Bachelors

Degrees in Counselling Psychology (4 years); holders of a variety of Masters Degrees including those in Counselling, in Guidance and Counselling, in Biblical Counselling, in Counselling Psychology and in Clinical Psychology; PhDs in Clinical Psychology and in Counselling Psychology. My thanks to Dr Gladys Mwiti for providing me with this list.

^{xii} In 2012 there were over 680,000 individuals employed in the public sector in Kenya (and 1.5 million in the private sector). (Republic of Kenya, 2012).

^{xiii} In May 2013 49 patients broke out of Mathari Hospital, bringing attention to conditions there (Gibson, 2013).

^{xiv} My thanks to Moses Chesire, a psychological counsellor, who briefly surveyed four rural districts of central Kenya and found no evidence of awareness of this policy amongst government employees. Of course, there may well be other areas in which the policy has been implemented and of which I am not aware.

^{xv} On the longer history of the idea of trauma in relation to political violence and dissent in East Africa see Mahone 2006. On theories of trauma and their relation to slavery and colonialism see Jenson's illuminating discussion of Haiti (Jenson, 2011). Jenson in turn draws on the important work on trauma by Leys (Leys, 2000).

^{xvi} St John of God not only provides extensive counselling and mental health services in and around Mzuzu in northern Malawi, but also operates as a major national training centre, offering degrees through the University of Malawi. It is innovative in terms of practice, combining individual counselling with group therapy and with psychiatric care. My thanks to Harris Chilale, Chief Clinical Officer for providing me with this information and introducing me to students at the St John of God College of Mental Sciences. See also the St John of God (Malawi) website: www.sjog.mw/

^{xvii} There is a history, dating to the late colonial period, of psychiatry professionals in Africa attempting to create a symbiotic relationship with 'traditional' healers (Bullard, 2007; Bullard 2011; Sadowsky, 1999; Heaton, 2013). One of the most important of these innovators was the Nigerian psychiatrist, T.A. Lambo. In part this was born of the realisation that many of their patients were moving between the two 'systems'. These discussions and experiments continue. One could argue that psychological counsellors as therapists, are in much more direct competition with 'traditional' healers than are psychiatrists practicing in Africa who, on the whole, do not have the time or resources to practice any kind of intensive personalised therapy.

^{xviii} On the appeal of the Rogerian method amongst Kenyan counsellors see also McGuinness et al., 2001. Though I have no statistics, my impression is that counselling in Kenya is predominantly a female occupation. This clearly raises larger issues of gender, method and power.

^{xix} I did not participate in any individual counselling sessions during the research for this paper, though over a number of years, and in a variety of contexts, I have attended some group therapy sessions as an observer. Clearly a more thorough study would require greater participation, with all the ethical issues that implies.