

Keynote Address by Angela Gordon Stair

COUNSELLING IN SMALL AND DEVELOPING COUNTRIES: WHAT LESSONS DO WE BRING TO THE TABLE?



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I wish to thank the President, Dr Dione Mifsud for allowing me the privilege of being the keynote speaker at this Forum.

Today I want to focus on what lessons we who come from small and/or developing countries can teach the developed world about counselling. That may sound presumptuous since North America is the cradle of counselling as a profession and it is from there that it has been exported worldwide. The counselling profession evolved out of the guidance movement started by Frank Parsons in the early 1900s. (Gladding, 2012). In 1952, the American Personnel and Guidance Association (APGA) was formed. This is often referred to as the birth of the counselling profession. By the 1980s counselling evolved as a distinct helping profession in the USA and today the American Counseling Association reflects that professionalism. By 1970 the British Association for Counselling was formed on the other side of the pond and by 2000 it changed its name to the British Association for Counselling and Psychotherapy to better reflect its broader representation.

Up to the early 1980s, counselling was based on Eurocentric models and values and was almost exclusively a North American/ British profession. Since the late 1980s multicultural orientations have made it into the mainstream. Counselling has also become a global profession. I suggest that it is still essentially a profession that reflects a more North America/European set of values some of which the rest of the world can identify with and others that are alien to the rest of us. What then can we learn from counselling's evolution in non-western, non-Eurocentric societies

and cultures that would be useful lessons for those who have been trained and work in such environments or who are involved in the globalisation of the profession?

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The traditional western model of counselling articulates three principles central to its practice:

1. Practitioners should be from accredited training programmes.
2. There must be professional recognition and credentialing/licensing of all practitioners.
3. Practitioners must avoid dual relationships.

I want to use my own country, Jamaica, a small island state to look at what exists in small and/or developing countries whose cultural norms and mores may be different from those that inform the western model of counselling. I will look at how counselling developed and in so doing, look at the impact of religious institutions on its conception and on training of counsellors. I will also look at the ethical and cultural minefield that working in such an environment creates as it relates to the issue of dual relationships.

History of Counselling In Jamaica [Slide 3](#)

For those of you not familiar with Jamaica, we are a small island state (less than [7,242sq km] 4,500 sq miles) 145 km [90 miles] south of Cuba and 161 km [100 miles] west of Haiti.

Christopher Columbus came upon the island on his second trip to the Americas in 1494 (this time he was not so lost having been that end of the word once before) and by 1655 the British were our new rulers. Some of you may be more familiar with these persons [Slide 4](#) or even this person [Slide 5](#).

Slide 6 Jamaica's history and culture have been influenced by the cultural forms and practices of the British plantocracy and those of African slaves, with inputs from the Indians and Chinese who came as indentured workers after the emancipation of the slaves, adding to the mix. The late Professor the Hon. Rex Nettleford had this to say to persons arriving in the Caribbean - *"welcome to creative chaos amongst a people who are cantankerous, contrary, contradictory but never dull"*.

Slide 7 Counselling in Jamaica has three separate strands in its development – the church, the health sector and the school system. Pastors have traditionally provided pastoral counselling which included not only counselling on spiritual matters but also covered marital, family and other life issues. Many churches today have health clinics and counselling centres attached to them. Doctors and counsellors are usually volunteers from the church membership but in some instances where the church is able to hire professional staff this allows the centres to operate on a full-time basis.

In the mid 1960s the second (but first formal) phase of counselling began with the Mental Health Services for Children. Play therapy and counselling was offered by an expatriate, Dr. John Gourlay at the University Hospital of the West Indies. This was the foundation for the present Child Guidance Clinics of the Ministry of Health established in the 1980s.

In 1968 the third stream began operation when the Guidance and Counselling Section in the Ministry of Education was established. Activities during this period related primarily to school visits and workshops for teachers and principals in the primary (grades 1-6) and all age (grades 1 – 9) schools. In 1974, junior high schools were expanded from grades 7 – 9 to include two

more grades at the top end. Most students attending these new secondary schools were from disadvantaged backgrounds and so there was a need to provide support services within the school to meet their needs. As a result the Ministry of Education created a post for a counsellor in all new secondary, technical and traditional grammar schools as well as tertiary institutions run by the government (E. Ramesar, personal communication, March 5, 2010). There was however one minor detail missing: there were few qualified counsellors to occupy the posts.

To fill the need, the Ministry of Education began to recruit personnel for the posts of Guidance Counsellor who had a background in allied fields e.g. psychology, social work. In-service training was offered in conjunction with Western Carolina University (WCU), North Carolina. By 1978 a one-year certificate programme was offered by the ministry through the University of the West Indies at Mona. One hundred and twenty (120) counsellors were trained in these two programmes and became the pioneers in the school counselling movement.

Current Situation

Although counselling and mental health issues are still stigmatized in Jamaica, this has greatly decreased over the past 20 years. A major contributor to the de-stigmatization has been the phenomenon of radio counsellors. This started with ministers of religion trained in pastoral counselling who provided advice and referral services to listeners who called in to these programmes. This has contributed to more and more persons being willing to see a trained counsellor/therapist and engage with the process.

Slide 8 Today, counselling is offered at all levels of the educational system, in several church based centres, in the government health sector, as part of employee assistance programmes in

large private sector organizations and by professionals in private group or individual practice.

There is a very vibrant Guidance Counsellors' Association representing just over 700 school counsellors. Some counsellors are also members of external organizations such as the National Board for Certified Counsellors (NBCC), the American Counselling Association, the International Association for Counselling and the American Psychological Association.

Programmes in Counselling at both the PhD and Masters level are offered by three of the four local and regional universities, two of which are operated by Christian churches. Programmes are also offered by other tertiary institutions at the Masters and bachelor's levels. Two of these are Theological Colleges. There are also programmes at the Masters level offered by off-shore institutions out of the United States.

The church and quasi-church organizations continue to be a major source of support and influence in our communities. Many of their counselling centres also train peer-helpers to assist both within the centres and in the communities in which they live. Some of these helpers are the traditional community advisors who are being offered training in basic counselling skills and skills of referral.

Slide 9 It is important that as we try to reach people, the cultural traditions and institutions are respected and if possible incorporated. One such tradition in Jamaica is the Christian church and its culturally based derivatives. Given its strong influence on the development of counselling as a profession and its impact on training, many counsellors have had to learn to "walk between the raindrops". Counsellors are working in a society where many persons have strong fundamental religious views even when they themselves may not be avid church goers.

An understanding and appreciation for this religious backdrop to the client's worldview allows for the development of trust and acceptance of the counsellor. The counsellor who is unable to appreciate this will not be successful.

As I have demonstrated in the forgoing, religion and in the case of Jamaica, Christianity can be a friend and not necessarily a foe of counselling in small developing and underdeveloped societies. In my country it has been helpful in the development of the profession. In other societies where religion has not been radicalised and used as a political tool, and where it is still an important part of the fibre of the society, its influence must not be underestimated as we seek to develop the counselling profession. How to manage this seeming contradiction is something those of us from small/developing countries can bring to the table in international organisations such as the IAC.

The counselling profession like all other spheres of life has gone global. Universities in Australia, the USA, Canada and the United Kingdom offer on-line or off-shore counselling programmes around the world. In this global environment, varying social and cultural norms around the world have implications for the traditional social justice stance that western counselling organizations have taken in promoting multiculturalism, gender equality, freedom of and from religion, and pluralism for sexual minorities in their various codes of ethics (Hodges, 2011). How does the counselling profession advocate equality and justice without appearing to be culturally insensitive in some societies? As Hodges (2011) puts it, *"is it....realistic to expect unilateral agreement on social and cultural issues in an increasingly internationalized counselling profession spread across diverse cultures?" (p.196-197)*. Much of

the advocacy for pluralism is in fact a Western concept and this has to be acknowledged by those coming from a western perspective. Those of us from non-western or from developing societies can help to keep those from the West at the table more grounded and real as we try to make counselling a truly international profession. In that way we also stay true to the guiding principles of being respectful and non-judgemental.

Dual Relationships

Let us now look at the issue of dual relationships. Oftentimes when we think of dual relationships, sexual relations between client and therapist are at the forefront of our minds. Gabrielle Syme in her book *Dual relationships in counselling and psychotherapy* (2003) makes the point that all professional bodies prohibit sexual relations with patients or clients and in Jamaica this applies to all regulated professional bodies. Having sexual relations with a client is obviously unethical but there are more subtle challenges inherent in dual relationships that by the very nature of the small community in which we live, place counsellors and therapists in social and business interactions with clients that are not always avoidable. The cultural norms add a further layer to this issue of dual relations.

Section A.6.b of the 2014 ACA Code of Ethics, which speaks to extending counselling boundaries, says;

Counselors consider the risks and benefits of extending current counselling relationships beyond conventional parameters. Examples include attending a client's formal ceremony (e.g., a wedding/commitment ceremony or graduation), purchasing a service or product provided by a client,.....and visiting a client's ill family member in the hospital. In extending these boundaries, counsellors take

appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no harm occurs. (ACA p.5)

Avoiding such relationships in a small country such as Jamaica is difficult. Counsellors and therapists are likely to have social interactions outside the therapeutic relationship with the client. In small societies such as my own, I am likely to attend the wedding of my friend's daughter and discover that the mother of the groom is my client. Johnson, Weller, Williams-Brown and Pottinger (2008) in looking at the issue of dual relationships within the context of the Caribbean, had this to say:

Moreover, the social context within which psychotherapy occurs in many Caribbean societies may also blur the boundaries of the professional relationship because of the small spaces in which Caribbean people operate. The reality of the Caribbean situations is that a therapist may have a patient who may later become a student, or the patient and therapist may end up on say, the same committee in church. (p.549-550)

This dual relationship is also very real for the school counsellor. Let us look at the scenario of the sole counsellor in the school where the grandchild of a lifelong friend attends. When that child comes to see that counsellor in a professional capacity to tell of the violence in the home that he can no longer keep a secret, the situation becomes a minefield that counsellor has to navigate with dexterity and precision.

The increased risk of dual relationships in small spaces is further enhanced by the relatively small numbers of well trained persons to meet the needs of a population that is becoming more aware of the benefits to be gained from counselling. In a society where professional services are rarely advertised, clients refer friends and acquaintances to their own counsellor in the same way they send friends and family to their physician. Refusing services in such situations is

not always the best course of action, even though it can increase the potential of complex relationships and connections among clients, thus challenging the ethical principles of the counsellor.

Slide 10 In small spaces, dual relationships are unavoidable. How it is managed is really the issue. Dual relationships have to be seen in the context of the culture in which one is operating and the size of the community in which one practices. There has to be a conversation about how the practitioner maintains confidentiality and boundaries in such a context. The awareness of self both inside and outside the counselling relationship and the need to be accountable to the client first is important to operating in such an environment. It is imperative that this conversation takes place with trainees and new counsellors so that they have guidance in and an understanding of how to deal with potentially problematic situations. Without this understanding, their efforts in trying to avoid such duality will be fraught with frustration.

As western societies become less homogenous there are more small ethnic and racial spaces within each state. How to deal with the importance of religion, social justice and the ethical issues of dual relationships within such situations are lessons that we from small/developing societies can offer at the table.

Issues of migration

Today the issue of migration and the relevance of counselling to this population is topical. Most small and underdeveloped/developing countries have a strong history of migration. Jamaica is

no different. Because of our small size we are outward looking. Caribbean people know better than most what it means to be uprooted. Our history is rooted in the slave trade carried out by European countries to supply labour for its plantations in the new world. As the former Prime Minister of Jamaica the Honourable PJ Patterson said of this trade, *“it severed us from the roots of our social and cultural belonging and obliged us, as the dispossessed, to struggle against formidable odds in the search to regain our self respect and forge a new identity”* (pg ix). This can also be said of those millions around the world today fleeing wars, oppression, famine and economic hardships. With the emancipation of slavery in the Caribbean in 1838, the Afro-Jamaican population were poor peasant farmers trying to eke out a living for themselves and their families.

Migration has always been a safety valve for poor countries that have not been able to provide for the optimum social and economic development of its people. Again, Jamaica is no different. Jamaicans have been migrating in large numbers as free people since 1850 when they went to build the Panama Railroad and later to work on the Panama Canal. Later they went to work on the banana plantations owned by the United Fruit Company in Central America and the American sugar plantations in Cuba. By the end of World War II they could be found working in London and Birmingham as England rebuilt from the devastation of the war. As immigration to Britain became more difficult, Jamaicans began to look for new opportunities elsewhere. Many immigrated first as seasonal workers to the many orchards and sugar plantations along the eastern seaboard of the United States and Canada. Becoming permanent residents of the United States was not difficult at this time and many moved into the cities in these areas such

as New York, Hartford, Boston, Newark and Miami. Today we are found all over the world with as many living outside of Jamaica as the 2.7 million of us at home.

This migration took and still continues to take, many forms. These are: [Slide 11](#)

1. Seasonal migration. Today parents migrate for up to six months at a time to work in the host country;
2. Serial migration. The parents migrate either singly or together with the intention of sending for the rest of their family at a later date;
3. Parental migration. Parents migrate for a defined time or indefinitely but have no intention of having their children live in the overseas country.
4. Family migration. Parents migrate with their family.

The type of migration selected is determined by economic reasons. (Pottinger, Gordon Stair & Williams-Brown, 2009). In the first three types of migration mentioned, separation from parents is present and is more common in lower income families. All have implication for the children (both when they are left behind and when they enter their receiving country), for the parents and for the family unit.

The Harvard Immigration Project (Suarez-Orozco, Todorova and Louie 2002) in looking at the situation in the USA found that 85 % of the children who migrate from the Caribbean, Central America, Mexico and Asia experience extended periods of separation from parents during the process of serial migration. In Jamaica, 30 – 35% of children in school samples have parents who have migrated (Pottinger, 2003). These children are left with surrogate parents who are either extended family members or friends/acquaintances of the parents. Such children often

feel abandoned by parents and may receive little or no emotional support from those with whom they have been left. Others may also be inadequately supervised and thus exposed to such situations as sexual abuse. Many others do not do well in school as they try to cope with their feelings of abandonment while others are distracted as they wait to migrate and dream of the day when it will happen (Crawford Brown, 1999; Pottinger, 2005). Still others are required to assume responsibilities beyond their years such as managing funds sent by parents or looking after younger siblings.

Parents who migrate without their children are as impacted by the migratory process as are the children. They too experience loss, grief anxiety and guilt. Many try to compensate for their absence by sending excessive gifts and money. These gifts are shipped home in barrels hence the term coined by social workers; 'barrel children'.

When the families are reunited it is a time of joy but where the separation has been for an extended time, the joy can quickly turn to pain. Often the reunification takes place during adolescence and the child is already dealing with developmental and identity issues. There are also experiencing the loss of a primary caregiver, the surrogate parent. Crawford-Brown and Rattray (2002) have also suggested that very often the child is faced with a reconstituted family with step-parents and siblings that they may never have met. As migrants, the parents are there to make a better life and therefore may be working two or more jobs with no time to help the child settle into the new environment. The children may also be struggling with differences in language, accent, social systems as well as racial and ethnic prejudices. The child may also come up against selection procedures and a school environment that considers them to be at a

disadvantage to their host country children (Gopaul-McNichol, 1993). All of these factors leave both parents and children with unfulfilled expectations that can lead to emotional problems in the parents and rebellion in the children.

Slide 12 To understand those who experience migration, it is important to understand the culture of the sending countries, the push factors that inform migration and the impact on those migrating. It is also important to understand the experience of the migrant in the receiving country and what impacts the transition process. The how and the why of counselling in relation to migration are lessons that those of us from developing and small countries can offer.

I have pointed to the lessons I believe can be learned from small and developing states around a few issues in counselling. It therefore follows that we must have a voice in international organizations in the field of counselling as we bring to the table, a unique understanding and perspective on the counselling experience for both the counsellor and the client.

I hope I have given you some food for thought. Thank you for being such a good audience.

Come visit us in Jamaica if you have not already done so.

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