

Factors Influencing Apathy to Psychological Counselling Review Sessions: Insights from Chitungwiza, Zimbabwe.

Sam Takawira¹., Elizabeth Tanyanyiwa²., Hebert Zirima³

¹MSC Counselling Psychology

²Registered Counselling Psychologist

³Department of Psychology, Great Zimbabwe University

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ABSTRACT

The main thrust of this research was to investigate the factors that influence counselling session review apathy in Chitungwiza, Zimbabwe. The qualitative method of research was employed through a case study research design using the interpretive paradigm. Purposive sampling was used to select the 10 participants during the research process. Data was gathered through interviews. Major contributing factors to counselling apathy were lack of awareness on existence and roles of counselling psychologists, fear to disclose one's problems and societal beliefs among others. Ways of enhancing the embracing of professional psychological counselling were identified which included awareness campaigns on roles of counselling psychologists, media coverage and integration of western and traditional/religious views to mental health issues. A set of recommendations were also posted.

INTRODUCTION

The research sought to dig out why first time clients who are given a psychological counselling session do not turn back for a further review/s of their condition. The setting is a public hospital where most of the clients are either hospitalized or under home based care and visit the hospital for outpatient treatment.

Several studies related to the subject under research have been carried out globally. A British study by Killapsy (2000) examined 1 674 consultations in a psychiatric outpatient care and found out that 40% of the clients did not attend follow up consultations. The results of the study posited to relational ability and interpersonal functions as predictors of cutting of appointments.

Giacchero and Miasso (2008)'s study in Brazil posted that missed appointments were a result of financial implications. This was in relation to private operations where every counselling session had to be paid for. Mulu and McCarthy (2017) in their study in Iraq on seeking psychological counselling assistance on people with mental health challenges revealed that there is a systematic stereotyping of mental health treatment by a professional. Instead, religion is regarded as the one to offer the solutions to mental health problems. In South Africa, a study by Gibson (2022) on how the Muslim communities perceive mental illness revealed that it is a result of spiritual forces and so treatment from a doctor or a psychologist was considered insufficient since it would only mask the symptoms and spiritual intervention would be necessary to remove the source.

In a study in Zimbabwe by Chibanda (2017), they revealed that there are very few mental health practitioners and therefore they are not popular to the people. They state that there is ratio of only one

mental health practitioner to two hundred thousand people who seek treatment at public health institutions. So because they are not common, people do not see their value to their mental health conditions.

The above studies have been carried out in various settings. Not many studies on the setbacks behind client apathy in attending counselling sessions reviews, especially in a high density suburb setting in Zimbabwe have been published, hence the need to carry out this research.

Aim of the Study

- To expose the factors behind the clients' failure to turn up for psychological counselling review sessions.

Objectives of the Study

- To ascertain the perspectives of first timers psychological counselling clients
- To explore the cultural and religious belief systems that may render professional psychological counselling valueless.
- To propose ways of enhancing the embracing of psychological counselling.

METHOD

Research approach

The study employed the qualitative method of collecting data on factors that influence therapeutic apathy. Bhandari (2023) propounds that the qualitative approach helps the researcher to cover issues in great detail as it provides the platform of interaction between the researcher and the research subjects thereby avoiding prejudgments. The method provides data based on human experiences.

Research design

The case study research design was adopted. Delve and Limpaedier (2022) inform that a case study is a way of gathering information for the purpose of viewing social reality. Dewantara (2022) further point out that it allows room for collection of a lot of detail and in depth because it is open to application of different research techniques which include observations, interviews and questionnaires.

Population and sampling

The purposive sampling technique was employed in the research. According to Creswell (2014) purposive sampling is where the researcher has to use personal judgement to select cases that will best meet the research questions and purpose. A total of 10 participants were drawn. The sample was comprised of 5 males and 5 females aged between 16 and 55. These participants had been diagnosed with various mental disorders. The participants had each received a counselling session during their hospitalization period and when discharged they did not return for scheduled reviews. To avoid bias, the researcher stuck to ethical considerations in research work.

Data collection instruments

The in-depth interview approach was used. Dewantara (2022) describes it as a qualitative research tool that involves conducting intensive individual interviews with a smaller number of respondents to explore their perspectives on a particular idea.

Research procedure

Five of the participants were physically interviewed from their homes. The other five were reached through telephone interviews. While the interviews were in progress, the researcher recorded relevant data provided by the participants.

Data analysis and interpretation

Data collected was prepared and checked for accuracy in terms of relevance of responses to the research study. The thematic approach was employed which as highlighted by Babbie (2020) involves the identification of major themes and sub themes from the data generated by the research participants and breaking them down into small and meaningful data. The data is presented as descriptive reports. Comments ensue in line with the research questions layout.

Ethical considerations

In carrying out this research, the researcher observed the following considerations.

- Rights and dignity of participants.
- Integrity and transparency.
- Honesty in all correspondences.
- Confidentiality and anonymity of participants.
- Beneficence and non maleficence.
- Consent

RESULTS

The participants are identified by numbers 1-10

1. The significance of professional psychological counselling to first times.

The participants reported that they are not aware of psychological counselling.

“I am unaware of what psychological counselling is and so I don’t know if it helps.’ Participant 2”

“When I go to the hospital for treatment, I expect the doctors and nurses to treat me using medicines and I believe nothing else can help me recover” Participant 7.

“It is my first time to hear of psychological counselling and so I don’t know much about how it is beneficial. None of my family members is even aware of this” Participant 3

The respondents reported that they are not aware of the role of counselling psychologists and so not comfortable to disclose their issues to strangers.

“I feel I should not disclose what is troubling me to someone whom I don’t know” Participant 1

“I am not comfortable in getting into discussions of my affairs to strangers because I don’t know how far they may spread it. Probably they will tell the whole community” Participant 9

“It is difficult to open up everything to someone you have met for the first time.” Participant 2

The participants responded that the counselling techniques do not assist them.

“Doctors diagnose a disease and give you the treatment unlike in psychological counselling where the patient should suggest how best to treat themselves” Participant 10

“We don’t even understand what medical doctors write on our health cards but we heal yet psychological counselors want us to find out how to heal ourselves.” Participant 3

“How does talking help a patient. Isn’t that stressing one who is not well?” Participant 6

The participants responded that they have fear of embarrassing outcomes.

“It is painful to relive a traumatic event, so talking about it brings back the unwanted event.” Participant 8

“Some things are not better talked of because they continue to bring more harm to the brain.” Participant 4

“I am afraid that I may receive the worst advice which I will regret.” Participant 1

2. Cultural and religious belief systems

The participants shared that mental disorders are caused by evil spirits, so it requires spiritual healing.

“I understand that evil spirits pushed me to attempt committing suicide so this requires some traditional remedy to protect me from the evil spirits.” Participant 5

“Visiting prophets is what heals because they exorcise demons that possess us and are caused by our enemies.” Participant 6

“Who else can cure socery besides witchdoctors?” Participant 2

The participants responded that they rely on informal support systems.

“I value the support and advice I receive from my peers and family members other than from the hospital.” Participant 1

“I share everything with my sister and so her absence has seen me prone and vulnerable. Had she been there, I would never have attempted to take away my life.” Participant 3

“My friends are the only people who can understand me and give me better advice.” Participant 8

The respondents posted that some gender roles and expectations influence decision making.

“As a man, I am supposed to be strong and brave. How would all the people look at me when they know that my wife beats me on most occasions?” Participant 2

“In our Shona culture, we are taught that a woman should learn to carry her burden and never leave a marriage for the sake of the children, so I was trying to endure the abuse because of that.” Participant 7

3. Ways of enhancing the embracing of professional psychological counselling in Zimbabwe.

The participants responded that there is great need to share information on psychological counselling.

“The communities are not aware of psychological counselling. It would be helpful if some awareness campaigns are carried out.” Participant 8

“Several workshops were done during the Covid 19 era to let people know more about it and the preventive measures. The same should be done on mental health issues.” Participant 4

“The medical department has community involvement through community health workers and home based care groups that are of the first call to sick people. Let the psychological counselors do likewise for the benefit of the people.” Participant 2

The respondents reported that psychological counselors should be easily accessible.

“It would be good to see these counselling psychologists at every public institution be it a school, hospital or work place.” Participant 9

“For people to better understand and embrace psychological counselling, mental health should be part of school programmes, so that the children grow with it.” Participant 1

The participants responded that the media should provide wide coverage of mental health issues.

“Mental health issues should be broadcasted via newspapers, radios and televisions so as to reach the masses.” Participant 7

“Artists can also be involved in spreading information about the benefits of psychological counselling.” Participant 9

The respondents reported that there is need to infuse professional counselling and cultural and religious practices.

“Most people view professional psychological counselling as a Western phenomenon for whites and so do not embrace it. If only there can be techniques that work in line with cultural practices.” Participant 8

“Integration of cultural and religious practices and professional counselling will help to close the anti Western phenomenon.” Participant 10

The participants responded that it would help much if there is setting up of peer support groups.

“As in the case of HIV and Cancer patients who come to share information about the disease, the same should be done on psychological counselling. If people hear from those who have been successfully treated, they are highly likely to embrace psychological counselling services.” Participant 3

“Since our culture is rooted in the friend and family support, peer support groups will be greatly tolerated.” Participant 6

DISCUSSION

1. The significance of professional psychological counselling to first timers.

The research findings show that most people are not aware of the value of psychological counselling. Instead, they believe in the remedy from the general medical practitioner who uses medicines to treat or relieve physical pain. This concurs well with Mulud and McCathy’s 2017 study in India where they pointed out that people do not seek psychological counselling services because they are not aware of its significance.

2. Cultural and religious beliefs

The other findings from this research were that people with mental health problems are not comfortable to disclose their issues to strangers. This all stems out from the deep rooted cultural belief that people trust

confiding their issues to close members, either family or peers. This is in line with Lloyd and Panagopoulos (2023) study in that there is stereotyping in seeking professional psychological counselling.

The research also brought to light that there is great belief in that mental health problems are as a result of evil spirits hence the need to seek treatment or exorcism from spiritual healers other than psychologists. This concurs well with Kamnani (2022)'s study in that the African culture sees mental health challenges as a result of the devil and hence it requires spiritual treatment.

Some gender roles and expectations influence decision making was one of the findings of this research. The expectations of society leave those with mental challenges with an equation to solve on whether to seek professional treatment or fight on their own to show their bravery and or resilience to challenges.

3. Enhancing the embracing of professional psychological counselling in Zimbabwe.

The research propounds that there is need to concertize people onmental health since most people are unaware of mental sickness. The result agrees well with Chibanda (2017) who shared that people do not haveinformation about professional psychological counselling. The information can be disseminated throughawareness campaigns, use of artists and the media as well as peer support groups.

The other finding from the research is that there should be an integration of cultural and religious practices and professional psychological counselling. This will help in embracing the professional psychological counselling in that it will cease to be just a Western phenomenon but is diluted with local practices and beliefs.

The research also revealed that there should be counselling psychologists at almost every public institution such as a school, hospital or work place. This will help in easy and convenient access to mental health treatment.

CONCLUSION

The research findings are that people who have been diagnosed with mental challenges have apathy to continue with psychological counselling. This is due to a number of factors that range from lack of information on how psychological counselling is of significance to treatment and management of mental health issues to cultural and religious practices. To curb this, there is need for information dissemination in communities beginning with the school set up so that as people grow they are aware of the existence of psychological counselling and how it may help to treat mental illness.

RECOMMENDATIONS

The following recommendations from the study were made:-

- The communities require information on mental health. Workshops, peer groups and awareness campaigns will do the trick.
- Setting up offices of counselling psychologists at public institutions for easy access to services.
- Using the integrative approach to counselling so as to merge this Western philosophyand traditional cultural and religious practices.

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