ACADEMIC JOURNALS
expand your knowledge

International Journal of Psychology and Counselling

Full Length Research Paper

The metaphysical views on causation among Batswana: implications for case conceptualization, diagnoses, and treatment in counseling

Dan-Bush Bhusumane

Department of Educational Foundations, Faculty of Education, University of Botswana, Gaborone, Botswana.

This study focused on how counsellors in Botswana handle belief systems, spiritual, and religious orientations of clients. It explored common beliefs clients up-held about what causes distress. It explored ways in which counsellors addressed clients' indigenous cultural beliefs and perceptions about the origins of illness, misfortune, and other forms of distress. In-depth interviews were the main data collection tool while content analysis was used in data analysis. Thirty counsellors from different parts of Botswana participated in the study. The study revealed that clients uphold metaphysical views on causation namely, transcendental forces, malevolent forces, witchcraft and sorcery, and disconnection from one's social and spiritual environment are causes of their misfortune and distress. It showed that most counsellors had limited knowledge and skills on how to handle indigenous cultural beliefs of clients. It highlighted deficiencies in counsellor training to prepare counsellors on how to respond to culturally-grounded behaviours and manifestations.

Key words: Metaphysical views, counsellors, Botswana, cultural beliefs, causation.

INTRODUCTION

Although Botswana society is culturally diverse and pluralistic in its religious practices, traditions, and languages different ethnic groups do share a lot in common in terms of perceptions about the origins of illness, misfortune, and other forms of distress. Like in most African societies, religion and illness causation in Botswana, are closely interwoven, with the belief in the role of the supernatural world, the ancestors, and other perceived transcendental powers in having influence in the lives of the living (Chiboola, 2020). Furthermore,

there are certain beliefs, values, and attitudes which influence how Batswana (that is, people of Botswana) explain the universe and its supernatural mysteries and the perceived cosmic forces that sometimes bring human suffering and pain, unleash untold calamities and other traumatic human conditions. Invariably, some people believe that there are always certain transcendental powers beyond them, which generally have great influence in their lives. The general belief is that these powers would affect individuals if they violated

E-mail: dan.bush2011@gmail.com.

certain taboos, or became disconnected with the spirit world and other elements of the universe. Many societies have a "multitude of beliefs and practices to express, explain and give meaning to the cosmos" (Greenwood and Airely, 2006:13). Minas et al. (2007) observed that it is common for traditional societies to have supernatural beliefs and "that understanding of causal beliefs is important for the design of culturally appropriate mental health services and for accurate diagnosis and treatment" (2).

The purpose of this study was to explore the common indigenous clients' beliefs about causation that counsellors dealt with, and the ways in which counsellors addressed these beliefs and perceptions about the origins of their distress or problems. In addition, the study examined counsellors' views on how to handle clients' beliefs and worldviews as well as their implications on the conceptualisation of the client's problems, on diagnosis and treatment of the client's problem. This paper is influenced by my doctoral degree that made me reflect on counsellor training in Botswana and non-Western perspectives on causality and reality.

REVIEW OF LITERATURE

Indigenous cultural beliefs and accessing health services

In their investigation of the indigenous representations of illness in sub-Saharan Africa, Liddell et al. (2005) concluded that "ignoring indigenous beliefs about illness, which African societies have long been construed as essential for their survival and well-being, it seemd counterproductive to the development of culturally grounded and responsive AIDS prevention programs" (698). Liverpool et al. (2004) reported that some patients even refused surgery or other medical treatment unless their healer had sanctioned it. As noted by other scholars (Liddell et al., 2005; Subrick, 2006) it would be futile to ignore the influence and respect of indigenous healers among their communities. These scholars have noted that this perceived authority of the healers has a significant impact upon the decisions that clients make about other services available to them. Bolten (1998) observed that Christians and non-Christians alike in Botswana, used protective and fertility magic, believed in witchcraft and sought out help from indigenous healers in case of illness. She posited that indigenous rituals were still regarded as the premium method used to ensure health, because the approach taken by the healers not only cured the body but also repaired social ties and one's relationship with their ancestors. Staugård (1985), on the other hand, noted; "because the advice of the traditional healer is well integrated in the religious and moral concepts and beliefs prevailing in society, the

Ngaka [indigenous healer] thus assumes a stabilising role in social control.

While over 86.7% of the population in Botswana may profess and practice Christianity (Statistics Botswana, 2018), a significant number simultaneously adheres to other religious practices, including indigenous ones. The blending of religious practices and beliefs (Dembow and Thebe, 2006) is evidenced by ancestor veneration, divination, prophetic practices, and other rituals and ceremonies uniquely cultural that has a bearing on clients' perception of reality and experiences. All these characteristics and social influences have significant implications for counselling practice, including case conceptualisation, diagnosis, and treatment in counselling.

Despite the rapid expansion of the provision of Western medicine and the educational programmes aimed to inform the public about AIDS and other conditions, many Batswana still rely on indigenous cultural ways of healing to address their health and psycho-social concerns. Togarasei et al. (2016) observed that many Batswana are still attracted to traditional and faith-based interventions in-spite of the availability of Western or allopathic health services. Some studies (Bolten, 1998; Dembow and Thebe, 2006) highlighted that many Batswana, regardless of social class and educational level would choose to consult the religious leader or healer when going through challenges or distressful situation than visiting a mental health professional. This may reflect Batswana's perceived lack of efficacy of the mental health services in understanding and responding to their situations. Barron (2010) argued that "some therapies and spiritualities fail to elucidate to an adequate view of human nature and the human predicament" (6). Yet, Thomas et al. (2015) concluded that "metaphysical factors occasionally explain the presence of abnormal emotional or behavioural states in certain individuals" and that "traditional healers appear to hold a relatively holistic conceptualisation of health, which makes little distinction between the mental and physical aspects, with both often viewed as interconnected" (138).

The inherent cost and ineffectiveness of Western therapies even turned more people to seeking help from their "ancestors and divinely inspired prophets for relief" (Dembow and Thebe, 2006:45). According to Dembow and Thebe, even the response to the increasing death toll due to AIDS reflected grounding in traditional belief. To date, indigenous healers and spiritual healing churches have remained a significant resource for individuals undergoing psychological distress and illnesses of whatever kind. Bolten's (1998) discussion on Christianity and healers may shed light on the possible reasons for the fusion of Western approaches and traditional healing among Batswana. She maintained that Batswana saw Christian prayers as performing the same function as rituals of the ancestral spirits; for example, of asking for

rain, and others that were now performed by the church leaders. It is, therefore, not surprising that a client in Botswana may seek help from several sources of help in an attempt to address a problem. Invariably, a client might visit an indigenous healer, a spiritual healing church, or seek help from a family member in addition to going to see a counsellor or other care services in the community.

It is important for counsellors to understand models of explaining phenomenon their clients use. Failure to explain a phenomenon within the context of the client's culture may have ramifications for the efficacy of the intervention and client's response to therapy. As noted by Erasmus (1977), "despite an often-ready acceptance of Western medicine these South African population do not necessarily accept the accompanying 'scientific' explanation, and that indeed for many illnesses" (264).

Ancestral spirits and other transcendental forces

In contrast to Western thinking whose primary goal is to deal with the intrinsic forces and the individual phenomena (Staugård, 1985), Batswana may attribute the cause of illness or distress to both a physical phenomenon and the metaphysical realm. Invariably, when addressing a problem, it is common for people to seek other explanations that would involve exploring the metaphysical sphere. Staugård (1985) pointed out that "the 'real' cause will usually be sought in the context of the horizontal relations of the individual with the community physically surrounding him or in the context of his *vertical* (emphasis in original) relations with the *Badimo* [ancestors]" (67). This has implications on how a counsellor would conceptualise the problem presented by the client. The question is, what happens when a counsellor does not address the fact that the client believes that ancestors have a role in his or her predicament or problem? It is possible that the client may feel that part of the cause of the problem has not been addressed hence go seek help elsewhere.

Displeased ancestral spirits could cause illness (Asare and Danquah, 2017; Eagle, 2005; Kahissay et al., 2017). These spirits could do this in a variety of ways, including being invoked by the living or of their own volition without being invoked (Middleton, 1995). As Middleton (1995) pointed out, an elder has the power to invoke spirits to bring sickness to any of the descendants if theselves or their family members behave in a manner so as to displease their ancestors or do what was deemed improper or dangerous to the well-being of the group. Moreover, the belief was that it was bad omen to threaten a young person with 'angry words' for this is believed could invoke the wrath of spirits and cause illness or misfortune to them (Middleton, 1995). When such an encounter occurred, immediate reparation was advised so as to avert the invocation of the malevolent forces.

Ancestral spirits could convey God's reward through blessings or worst still, His wrath when they "punish their earthly relatives themselves" (Staugård, 1985:50) or "curse or reverse their fortunes" (Amanze, 2002:69). Amanze (2002) intimated that when wrong-doing happens in the family the ancestors resented it and punished the evil-doers, since they are guardians of public morality and of traditions of the elders" (69). Liverpool et al. (2004) attributed this perception that ancestors were guardians of codes of morality and values to the fact that they were widely respected and well-known members of the community. To disconnect from the community or ancestors may be perceived as a cause of distress. To address the disconnection as a cause of distress may require helping the client to reconnect to such a community.

Disconnectedness with social and spiritual environments

An individual's connection with the environment, that is, the physical, social, and spiritual is key to their healthy well-being. Scholars (Staugård, 1985) reported that African peoples believed that an individual's well-being and good health was associated with a positive relationship with others, being at peace with oneself, ancestors and the Supreme Being.

This implies that any break in the relationship and harmony with these different key players in one's life brought about disharmony and an imbalance in one's life. The most important thing for an individual to be involved is constantly checking and restoring this relationship and connection. Any discord with any one of these relationships could result in the loss of connection with all the environments thus causing disharmony in one's life hence psychological and physiological distress.

Staugård (1985) made fundamental observations about sense of belonging as a factor in one's well-being among Batswana; suggesting that "the psychosocial belonging to the community in the Tswana culture is the necessary pre-condition for health" and "any disturbance of this state of belonging leads to disease, illness or bad luck for the individual" (67). Notably, the belief is that for any intervention to be effective the therapist must deal with the client's issue holistically. Such a holistic intervention focused on the client's personal relations, but included ancestors as key players in the everyday life and religious experience. This is, of course, in contravention to Western logic where the focus is mainly on the individual and the intrinsic motivations. The holistic approach presupposes that to effectively resolve a client's problem one has to restore a balance between the individual and the surroundings (Staugård, 1985).

Since lack of connection and closeness to others caused psychological distress the individual has to re-establish the lost connection with their social environment. In helping the client, one also has to prepare him or her to break-down the barriers and internal or external forces that inhibit this connection with the environments. Participating in communal rituals, sacrifice or offerings were viewed as other ways of reconnecting with others, including the ancestors. As plainly articulated by Amanze (2002), "sacrifices and offerings quite often entail the act of bringing together two or more people who have become alienated from each other and the restoration to a peaceful state of those who have been estranged" (22).

Interestingly, indigenous healers and spiritual healing churches pay close attention to the perceived factors that make it difficult for the individual to overcome the external forces that constantly strive to destroy the individual. Various forms of ritualistic performances and activities are employed to help the individual generate power within them to overcome these forces. The main focus is to help restore and to reconcile the individual with the self and perceived powers that create peace and harmony in them.

Studies on healing (Finker, 2004; Francis, 2004) suggests that ceremonies that incorporated rituals (prayer, psychic powers, interpretation of dreams, singing and dancing) and other cultural interventions helped the individual re-direct their energy to positive powers, which are sources of relief. These studies have offered important insights into the power of the network of the group as support mechanism for the new behaviour. They revealed that the individual's encounter in the group re-establishes connection thus making the individual not feel disconnected and separated.

Transgressions and violation of taboos

Many cultures have different taboos or prohibitions that are observed religiously, or without even determining what their meanings are. There are taboos associated with sex, sexual relations, and many others that are believed to bring about problems and consequences to the individual if their teachings are violated (Wolf, 2001). Violations are believed to invoke the wrath of transcendental powers such as nature spirits that bring about calamities or misfortune to the individual (Chiboola, 2020; White, 2015). Anthropological literature (Eagle, 2005; Kahissay et al., 2017; Middleton, 1995) is replete with constant reference to the belief in transcendental powers and violations of taboos as causes of illness and misfortune. Such beliefs about transgressions and violations of various natures are sometimes presented to a counsellor as causes of friction and disharmony in the family or discord in a relationship.

Witchcraft and sorcery as causes

Witchcraft and sorcery are among the most researched topics in relation to causes of illness and misfortune. Some scholars (Eagle, 2005; Fox, 1967; Liddell et al., 2005; Thomas et al., 2015) have written about witchcraft and sorcery as explanations of cause of illness and misfortune or distress among the different cultures of the world. Aceves (1974) commented that witchcraft serves as a means of explaining phenomena that appear to have no other explanation. For example, failures, illnesses, and accidents that are attributed to the acts of a witch. Thomas et al. (2015) re-counted that the witch is depicted as having ability to bring harm to others, including their emotional, relational problems and cause terminal illnesses. Middleton (1995) underscored that witchcraft has to be understood within a social context and that has a coherent logic of its own. He concluded that "given certain premises as to the mystical powers of certain human beings (even though scientifically these premises may not be correct) … provide explanations for coincidences and disasters" (x). This belief, in Middleton's view, has enabled individuals to project their hopes, fears and disappointments onto other human beings, and by personalising the forces of 'fate' or 'chance' enabling those afflicted by them to deal with them by direct social action against the assumed evil-doers. The question is, how do counsellors in Botswana handle clients' beliefs about causation? Current perspectives emphasise the need to appreciate alternative worldviews to minimise the negative impact of imposition of the Eurocentric view of causation and response (Furlong and Finnie, 2020; Kurniawan, 2018; Nuttgens and Campbell, 2010; Robertson et al., 2015). Furlong and Finnie (2020) intimated that when people express distress they revert to their traditional values and their comfortable cultural ways of reducing its negative effects.

METHOD

Research paradigm and theoretical framework

This interdisciplinary qualitative study sought to explore the metaphysical views on causation among Batswana and their implications for case conceptualisation, diagnoses, and treatment in counselling. Qualitative inquiry shall employ inductive research approach to building abstractions, generating concepts, developing hypotheses and new theories to facilitate a culturally appropriate interventions and training. This approach to research focuses on gaining insights, discover and understand the phenomenon. Central to this study is a systems perspective that is founded on the notions of holistic thinking, inter-connectedness and inter-dependence (Patton, 2002), and inter-relatedness (Laszlo, 1972). Patton suggested that the parts of a system are "so interconnected and inter-dependent that any cause-effect analysis distorts more than it illuminates" (120). He maintained that a description and

interpretation of a person's social environment is essential for overall understanding. This approach "assumes that the whole person is understood as a complex system that is greater than the sum of its parts" (Patton, 2002:59). Within the context of this study, a person is a complete entity, and, therefore, understood not by just looking at the mind or body, but by attending to all aspects of his or her life. We can, therefore, not exclude the power the metaphysical views have on how people perceive their situations and reality.

Understanding human behaviour, in this context, requires looking at the social, cultural, psychological, spiritual, religious and worldview of clients and counsellors. Literature on culture, medical anthropology, religion, indigenous medicine and healing practices was reviewed to provide knowledge and understanding of the concepts and perspectives on causation, and views about well-being.

Participants

Thirty (30) counsellors who received Western-based training, and had worked for a minimum of two years participated in the study. Demographic and vocational characteristics of included females represented two-thirds of the participants, a majority were from the cities, most of them were from university and the Ministry of Education because they have the highest number of trained counsellors. The average age 30 to 50 years. A majority (n=23) of the participants had Masters degree with varied areas of specializations. Only one (1) participant had a doctoral degree. While 17 of them completed their training in Botswana, eleven (11) received their training in North America, with only one (1) from Europe. Fifteen (15) were from institutions of higher learning, nine (9) from government departments, and five (5) based in schools. Twenty-one (21) worked with students and nine (9) provided community counselling. Twenty-eight (28) declared Christian religious affiliation. All participants had more than two (2) experience.

Sampling Procedure

Maximum-variation purposeful sampling (Merriam, 1998; Patton, 2002), a non-probability sampling procedure (Merriam, 1998) was used to select participants. Seidman (1991) asserted that this sampling procedure provides the most effective basic strategy for selecting participants for interviews. He observed that it allows access to a maximum range of sites and people that constitute the population. He stated that there is never exhaustive range of characteristics variations in the population selected for study. Like other purposeful sampling procedures, maximum variation aims at selecting information-rich cases (Merriam, 1998; Patton, 2002). Information-rich cases "are those from which one can learn a great deal about issues of central importance to the purpose of the inquiry" (Patton, 2002:230) and that can yield insights and in-depth understanding.

The number of participants for this study was influenced by the number of characteristics that had been identified, including working with ethnic groups, participants' gender, level and place of training, and clientele. For each characteristic at least two (2) participants were considered, resulting a sample of 30. The inclusion of all these characteristics was to ensure incorporation of the different factors that may influence beliefs and perceptions of reality. After receiving approval from the review board to conduct the study counsellors who indicated their willingness to participate signed a consent form where issues of confidentiality, consenting to audio-taping, security of data, and rights to withdraw from the study were addressed.

Data collection methods

The use of in-depth interviews was the main method of data collection. Each interview lasted for about 1 to 2 h. Open-ended questions were used because they provide an opportunity to get direct quotations from people about their experiences, opinions, feelings, and knowledge (Patton, 2002). Responses to such questions permit one to understand the world as seen by participants, and to enable understanding and capturing of "points of view of other people without predetermining those points of view through prior selection of questionnaire categories" (Patton, 2002:21). My interaction with participants during data collection helped to appreciate some of the struggles and experiences counsellors face when handling issues associated with clients' beliefs and worldviews. It also helped me reflect on some of the contradictions created by the two dichotomous worlds, one influenced by Western philosophical thought and the other grounded on the African worldview that also immensely taps on the metaphysical to define reality.

Although I grew up in this setting, I have remained oblivious to the contradictions created by these worlds. I realised that we rarely unpack the mysteries surrounding the impact of these two parallel worlds and perceptions of reality.

Data analysis

Content analysis was used to analyse data. As a qualitative data analysis approach, content analysis includes category construction according to recurring patterns of themes or factors (Merriam, 1998, Patton, 2002). Constructing categories is a systematic and intuitive process informed by the researcher's orientation, knowledge, purpose of the study, and "the meanings made explicit by the participants themselves" (Merriam, 1998:179). As a research tool, content analysis involves determination of presence of certain words or concepts within texts or sets of texts (Merriam, 1998, Patton, 2002). Patton (2002) maintained that content analysis usually has to do with analysing interview transcripts, diaries, or documents not observational field notes. He suggested that in general, content analysis refers to "qualitative data reduction and sense-making effort that takes a volume of qualitative material and attempts to identify core consistencies and meanings". The researcher quantifies and analyses the presence, meanings, and relationships of such words and concepts, then makes inferences about the messages within the texts, audience, and even the culture and time.

In addition, content analysis is reliable because of its coding consistency, replicability of the category classification, and accuracy while its validity can be easily achieved through the process of triangulation (Creswell, 1994; Merriam, 1998; Patton, 2002) as well as audit trail (Merriam, 1998). Content analysis "themes, patterns, understandings, and insights that emerge" (Patton, 2002:5) were the most appropriate method for this study.

FINDINGS

Common beliefs of clients

When participants were asked to discuss their clients' beliefs and worldviews six (6) common beliefs were

identified by clients as responsible for their problems or circumstances. Content analysis revealed that the following were mentioned a number of times during the interviews: witchcraft (24), bad luck (6), ancestors (6), spirit possession (5), not obeying a 'calling' (4), and evil forces (2). Witchcraft was the most common belief by clients. "People strongly believe in witchcraft," one participant observed. "As you discuss with a client you come to appreciate that the client believes that he or she has been bewitched, and has consulted either a diviner, or spiritual healer who confirmed, or an indigenous healer is handling it," disclosed one participant. A majority of participants expressed feelings that it was common for people to feel threatened by some powerful malevolent forces that worked against them most of the time.

Most participants indicated that handling problems associated with spiritual inclinations; or the clients' belief systems seems to be the most complex and challenging. They maintained that counsellor training did not prepare them to tackle these beliefs and perceived spiritual manifestations presented by clients. One participant summed it up this way; "issues of witchcraft are difficult to handle, and I have never made any breakthrough with them, hence clients never come back once they realize that I don't understand, or have no appreciation of their beliefs."

Some participants recounted that some clients come to seek help because they feel that their problems are a result of ancestors turning against them. In the case of students, they would come to seek assistance so that they can go home to participate in some ritual for appeasing their ancestors. Some students would even attribute their problems to failure to participate in a family ritual. Yet, other clients expressed the need to reconcile with a family member particularly an elder to prevent his or her anger invoking the spirits to turn against them. Those clients from the Christian faith, on the other hand, reported that they resorted to prayer whenever they had a problem. Clients sought help from spiritual healing churches instead of counsellors. For those participants who worked in school setting encountered cases of spirit possession, for example, a student falling into a trance in class and then the counsellor is asked to intervene. Such cases have baffled most participants because they felt handicapped in dealing with them.

Views on handling clients' beliefs

Content analysis of the interview transcripts resulted in four main categories depicting ways in which participants dealt with clients' beliefs: respect for the clients' beliefs and worldviews mentioned 27 times, accept that it is difficult to deal with the beliefs 14, change client's worldview (3), utilise the belief system of the client to explore the problem (4), and consider referral to other

professionals (2).

Respect clients' beliefs and worldviews

Numerous statements given by participants reflected their views about respecting the beliefs and worldviews of their clients as most important. Invariably, participants cautioned against attempts to "re-shape", "dismiss", "discredit", "belittle" the client's worldview," or "ignore" the client's beliefs during counselling. As one participant advised, "you have to acknowledge and embrace your client's beliefs rather than dismiss or belittle them." She suggested that "where you are not sure you should ask so that the client can explain his/her worldview." Some participants reported that some clients never came back once they felt that the counsellor did not understand "where they are coming from."

Avoiding changing client's beliefs or worldviews

One participant observed that her tendency is to dismiss some of the beliefs without even exploring the problem fully. Yet, another participant wondered how a counsellor would "convince a client that what they believe in does not exist when the client has examples of instances that led to this thinking." Her opinion was that "counsellors and clients may have different worldviews, and the counsellor needs to help the client understand herself better instead of trying to change the client's worldview to fit her own." Another participant suggested that it is not helpful to spend time trying to convince the client to see things differently, or to view the world from your own perspective as a counsellor.

Others have seen belief systems as foundation for counselling. There was constant reference to the fact that beliefs are central in counselling. Some arguments were that to ignore the different belief systems would not help a counsellor get to the root of the problem of the client. As one participant observed, "Batswana are predominantly religious, and most of their lives are influenced by their beliefs and values."

Utilise the belief system of the client

Some participants maintained that the best way of handling beliefs is by utilising the belief system of the client to explore the problem presented. According to one participant, "if you are from a place where such a belief is not prevalent you should try to understand what it means to a client for instance to be bewitched instead of trying to rationalise with him/her about the nonexistence, or the unscientific nature of witchcraft." One participant proclaimed that there is need to "explore all different

options, including examining Western and indigenous Batswana perspectives on the issue, and ways in which such problems are treated in both systems."

Refer to other service providers

There are those participants who indicated that they felt inadequate in handling cases that involved indigenous cultural beliefs and religious-spiritual issues. Others indicated that they would be comfortable handling a client with a Christian worldview and beliefs than those with African traditional religious beliefs. They argued that Christian beliefs and worldview fits their own philosophy of life. Such sentiments were common among those participants in the school system where they sometimes handle behaviours associated with religious or spiritual matters. The most common approach was to refer clients to other service providers because they knew very little about indigenous cultural beliefs. Yet those professionals they referred to were also handicapped in addressing issues associated with indigenous beliefs.

Difficulty dealing with indigenous cultural beliefs

The participants expressed difficulty in dealing with clients' beliefs and worldviews. They attributed the problem to their lack of training on how to handle these cultural beliefs. They felt handicapped due to lack of knowledge and understanding on how to deal with the various complex manifestations presented to them by their clients. This problem was predominant with those who dealt with young people, especially within the school system.

DISCUSSION

Literature (Nadel, 1967; Thomas et al., 2015; Van Dyk, 2001) is replete with discussions of witchcraft as a perceived cause of illness among different societies in the world. Research also emphasise the need to understand beliefs such as those associated with witchcraft within a social context. Discussing the traditional African perceptions of causes of illness, Van Dyk (2001) reported that "traditional Africans believe that disease [mental and physical] can be caused by natural causes such as germs, 'pollution', failure of human relations, disharmony between a person and the ancestors, a god or spirits, or by witches and sorcerers" (5). Failure to recognise these beliefs, which form a core of the traditional African's explanation of phenomenon or worldview can impede success of psychological interventions (Trimble, 2010). Wyrock and Paulson (2000)

maintained that counsellors should include conceptions of mental and psychological health that include cross-cultural systems which clients bring into the counselling process. They argued that "in order for assistance to be effective, the counsellor needs, among other things, to understand the clients' worldview" (14) because it has a bearing on client's acceptance of and involvement in the process.

Addressing the inherent cultural biases in conventional counselling and psychotherapy, Yeh et al. (2004) suggested that Western conceptualisations "exclude individuals from interdependent cultures, whose values emphasize social connectedness, collectivistic relationships, and spiritual worldviews" (412). This study presupposes that failure to consider this inter-connectedness and inter-relatedness among the different aspect of an individual may limit the ability to respond holistically to the client's total experience. Connectedness and inter-relatedness with one's world or cosmos are seen as critical to one's well-being, completeness and wholeness.

It is evident that Western and non-Western views about causation may have significant impact on clients' perceptions of reality and the counsellor's effectiveness in handling beliefs and manifestations of behaviour. Most conventional counsellors have limited experience with indigenous approaches to well-being and systems of care (Sue, 1999). Western approaches and interventions for addressing complex indigenous cultural manifestations of problems and inexplicable cases have proven to have minimal impact in solving the problems associated with cultural perceptions of reality (Lindell et al., 2004). Founded on different historical, cultural, and theoretical assumptions about human behaviour, the Western and indigenous Botswana helping systems, are bound to differ significantly in their intervention strategies. These assumptions are likely to influence the conceptualisation, diagnosis, and approach to the problem. There is also a need to integrate "variant models of health and spiritual wellness, including non-conventional methods [to] enhance assessments and treatments" (Prue and Voss, 2014:10).

Achieving well-being requires interventions that are congruent with the existing cultural conditions of the time. Notably, a client in Botswana may attribute the cause of their experience and well-being to both the physical and the metaphysical world. It is also clear that despite multicultural counselling and their indigenous cultural experience, counsellors need more training and re-orientation to practice within non-Western settings where clients present cultural beliefs and worldviews that reflect belief systems and practices that may be alien to conventional mental health practitioners.

Among the identified effective approaches to handling clients' beliefs were that the counsellor must always respect clients' beliefs and worldviews; utilise the client's

belief system to explore the problem; and to seek immediate referral to other community resources. The data revealed that counsellors in Botswana strongly believe that it is important for a counsellor to respect and to appreciate the beliefs and worldviews of the client. There is need to caution against discrediting, dismissing the client's beliefs as unscientific, or even trying to reshape the client's worldview. Nonetheless, spending time trying to help a client change their beliefs would be futile and counterproductive. While this study showed that respecting the client's beliefs and worldviews is an important aspect for counselling clients, the challenge is on reconciling counsellors' personal values and strong religious beliefs with those of clients who may adhere to beliefs grounded on indigenous culture and worldviews.

CONCLUSIONS AND IMPLICATIONS

Generally, most clients in Botswana upheld metaphysical views about causes their problems and supernatural powers that affected their lives. Witchcraft as a cause of one's problems remains the most pervasive belief in Botswana society. While most counsellors have misgivings about referring their clients to indigenous practitioners, there were those who expressed feelings that they were comfortable dealing with clients who espoused Christian beliefs because they shared the same worldview and values.

Most counsellors in Botswana find it difficult to handle cases associated with cultural belief systems, spiritual inclinations, and general supernatural manifestations. These counsellors attribute this difficulty to their limited cultural exposure and the culturally inappropriate training they received. The failure to make breakthroughs in most of the cases connected to belief systems resulted in pre-mature termination or clients choosing not to return for future sessions. However, we must understand this failure to handle these beliefs within the context of a struggle that counsellors are going through in trying to address these culturally entrenched belief systems using techniques and approaches grounded in "modern Science" and Western philosophy about reality. Such approaches would be incompatible with explaining reality from the metaphysical realm. It would be difficult for a client guided by the religious-spiritual spheres to connect with a counsellor whose training and approach to a problem rejects their worldviews as irrational and unscientific. There is need for more research on implications of contemporary training on effectiveness of mental health practitioners in non-Western setting.

CONFLICT OF INTERESTS

The author has not declared any conflict of interests.

REFERENCES

Aceves JB (1974). Identity, survival, and change: exploring social/ cultural anthropology. General Learning Press.

Amanze JN (2002). African traditional religions and culture in Botswana. A comprehensive textbook. Pula Press.

Asare M, Danuah SA (2017). The African belief system and the patient's choice of treatment from existing health models-the case of Ghana. Acta Psychopathologica 3(4):49.

Barron EP (2010). Allergy and spirituality. Journal of Pastoral Care and Counseling 64(4):1-10.

Bolten C (1998). Healing knowledge and cultural practices in a modern Tswana village. Williams College.

Chiboola H (2020). Theoretical Perspective of Traditional Counseling. InCounseling and Therapy. IntechOpen.

Creswell JW (1994). Research design: Qualitative and quantitative approaches. Sage Publications.

Dembow JR, Thebe PC (2006). Culture and customs of Botswana. Greenwood Publishing Group.

Eagle GT (2005). Therapy at the cultural interface: Implications of African cosmology for traumatic stress intervention. Journal of Contemporary Psychotherapy, 35 (2):199-209.

Erasmus CJ (1977). Changing folk beliefs and the relativity of empirical knowledge. In D. Landy (Ed.), Culture, disease, and healing: Studies in medical anthropology (pp. 264- 273). Macmillan Publishing Co., Inc.

Finker K (2004). Traditional healers in Mexico: The effectiveness of spiritual practices. In: U. P. Gielen, J. M. Fish, & J. G. Draguns (Eds.), Handbook of culture, therapy, and healing (pp. 161-174). Lawrence Erlbaum Associates, Publishers.

Fox JR (1967). Witchcraft and clanship in Cochiti therapy. In J. Middleton (Ed.), Magic, witchcraft, and curing. American museum sourcebooks in anthropology (pp. 255-284). The Natural History Press.

Francis ST (2004). The role of dance in a Navajo healing ceremonial. In U. P. Gielen, J. M. Fish, & J. G. Draguns (Eds.), Handbook of culture, therapy, and healing (pp. 135-149). Lawrence Erlbaum Associates, Publishers.

Furlong Y, Finnie T (2020). Culture counts: the diverse effects of culture and society on mental health amidst COVID-19 outbreak in Australia. Irish journal of psychological medicine 37(3):237-426.

Greenwood S, Airely R (2006). The illustrated encyclopedia of witchcraft and practical magic. Lorenzo Books.

Kahissay MH, Fenta TG, Boon H (2017). Beliefs and perception of ill-health causation: a socio-cultural qualitative study in rural North-Eastern Ethiopia. BMC Public Health 17(1):1-10.

Kurniawan AP (2018). Understanding cultural barriers in Counseling Psychology. Social Health Perspectives. https://www.researchgate.net/publication/324829081

Laszlo E (1972). The systems view of the world: The natural philosophy of the new developments in the sciences. George Braziller.

Liddell C, Barrett L, Bydawell M (2005). Indigenous representations of illness and AIDS in Sub-Saharan Africa. Social Science and Medicine 60(4):691-700.

Liverpool J, Alexander R, Johnson M, Ebba EK, Francis S, Liverpool C (2004). Western medicine and traditional healers: Partners in the fight against HIV/AIDS. Journal of the National Medical Association 96(6):822.

Merriam SB (1998). Qualitative research and case study applications in education: Revised and expanded from Case Study Research in Education. Jossey-Bass Publishers.

Middleton J (1995). Spirit possession among the Lugbara. In J. Beattie & J. Middleton (Eds.), Spirit mediumship and society in Africa (pp. 220-231). The Routledge and Kegan Paul.

Minas H, Klimidis S, Tuncer C (2007). Illness causal beliefs in Turkish immigrants. BMC Psychiatry 7(1):1-10.

Nadel SF (1967). Witchcraft in four African societies: An essay in comparison. In C. S. Ford (Ed.), Cross-Cultural Approaches. Readings In Comparative Research (pp. 207- 218). HRAF Press.

Nuttgens SA, Campbell AJ (2010). Multicultural considerations for

counselling First Nations' Clients. Canadian Journal of Counselling. 44(20):115-129.

Patton MQ (2002). Qualitative research and evaluation methods (3rd ed.). Sage Publications.

Prue R, Voss RW (2014). Indigenous healing practice: Ayahuasca. Opening a discussion. Journal of Pastoral Care and Counseling 68(1):1-13.

Robertson LH, Holleran K, Samuels M (2015). Tailoring university counselling services to Aboriginal and international student centres at a Canadian university. Canadian Journal of Higher Education 45(1):122-135.

Seidman IE (1991). Interviewing as qualitative research: A guide for researchers in education and the social sciences. Teachers College Press.

Statistics Botswana (2018). Botswana demographic survey report 2017. ISBN No. 978-99968-2-046-5. www.statsbots.org.bw/sites/default/files/publications/botswana

Staugård F (1985). Traditional medicine in Botswana: Traditional healers. Ipelegeng Publishers.

Sue DW (1999). Advocacy and indigenous methods of healing. ERIC 142-149. ED435919.

Subrick R (2006). AIDS and traditional belief: How an inappropriate AIDS prevention strategy undermined Botswana's health. Campaign for fighting diseases. International Policy Network. http://www.fightingdiseases.org/pdf/subrick_AIDS.pdf

Thomas J, Al-Qanini N, Furber SW (2015). Conceptualizing mental health in the United Arab Emirates: The perspectives of traditional healers. Mental Health, Religion and Culture 18(2):134-145.

Togarasei L, Mmolai S, Kealotswe O (2016). 'Quinine', *Ditaola* and the 'Bible': Investigating Batswana health seeking practices. Journal for the Study of Religion 29(2):95-117.

Trimble JE (2010). Bear spends time in our dreams now: Magical thinking and cultural empathy in Multicultural Counselling theory and practice. Counselling Psychology Quarterly 23(3):241-253.

Yeh CJ, Hunter CD, Madan-Bahel A, Chiang L, Arora AK (2004). Indigenous and interdependent perspectives of healing: Implications for Counseling and research. Journal of Counseling and Development 82(4):410-419.

Van Dyk AC (2001). "Why me and not my neighbour?" HIV/AIDS care and Counselling in a traditional African context. Curationis 24(3):4-11.

White P (2015). The concept of diseases and health care in African traditional religion in Ghana. HTS: Theological Studies 71(3):1-7.

Wolf A (2001). AIDS, morality and indigenous concepts of sexually transmitted diseases in Southern Africa. Afrika Spectrum 36(1):97-207.