

## Assessing the Level of Preparedness of Traditional Leaders as Counsellors in Offering Counselling to Parasuicide Victims in Rural Zimbabwe

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**ABSTRACT** The study sought to ascertain the level of preparedness of traditional leaders as counsellors in offering counselling to parasuicide victims in one selected district in rural Zimbabwe. The study followed a qualitative case study design which utilized phenomenological interviewing as the sole data collection tool. Data were collected from purposefully selected chiefs, headmen and family elders. Content analysis through emerging themes was used to analyse data collected. The study found that traditional leaders were involved in offering counselling services to parasuicide victims. Traditional leaders had not received any formal training in counselling, they mainly talked to their clients and indicated that their efforts were effective in combating suicide. The study concluded that traditional leaders were involved in an important task of offering counselling to people with suicidal tendencies yet they lacked formal training to equip them with the necessary knowledge and skills to enhance their operations. Recommendations were made that training in counselling that infuses Eurocentric and Afrocentric approaches should be provided to equip traditional leaders to better assist parasuicide victims.

### INTRODUCTION

The World Health Organisation (2006:1) states that practice of counselling entails the application of 'mental health, psychological, or human development principles through cognitive, affective, behavioural or systematic intervention strategies.' This implies that counselling is a specialized service that provides clients with a supportive, non-judgmental and confidential environment in which to explore any emotional, psychological or study problems they may be encountering. Vogel (2009: 176) cites Gillis (1996) who views counselling in the Western perspective as;

*... a facilitative process between a trained counsellor and a client within the framework of a professional helping relationship and where the counsellor provides direction to the client to help himself effectively.*

Counselling is, therefore, commonly referred to as 'talk therapy'. In the case of suicidal people, counselling should enable them to appreciate their challenges and help them decide to have a more positive outlook towards life and carry on living by disregarding suicidal thoughts. The World Health Organisation (2006) states that counseling for suicidal people must be responsive to the needs of the suicidal individual.

In counselling, the counsellor is expected to give direction to the counsellee. In direct counselling the counsellor completely gives direction to the counsellee whereas in non-directive counselling the counsellor does not prescribe any direction to the client (Heslop 1992). In directive counseling the counsellor listens to a client's problem and decides together with the client what should be done as well as motivating and encouraging the client to do it. The counsellor plays the role of an advisor. The counsellor should have the ability to understand the counsellee's problem and have knowledge of human behaviour as well as the judgment to make the right decision (Heslop 1992). While it is important for the counsellor to offer advice, it is of paramount importance to provide an appropriate platform for the counsellee's emotional re-

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lease. The counsellee must be given the time to talk his or her problem out and through emotional release have his or her thinking clarified.

Non-directive counselling is also known as the client-centered counselling. It involves the counsellor skillfully listening to the counsellee, allowing the counsellee to explain his or her problems, assisting him or her to understand those problems and determine courses of action (Gillis (1996) cited in Vogel (2009)). Focus of this type of counselling is on the member and not on the counsellor. The counsellor is neither a judge nor an advisor but a facilitator in ensuring that the client fully understands their problems and coin a workable solution that they will willingly implement in solving their problems (Gillis (1996) cited in Vogel (2009)). The approach empowers the client. Non-directive counselling has the ability to help the counsellee to change his or her mind on the way they were looking at a problem. If applied effectively to parasuicide victims they will end up realizing that committing suicide is not the best solution to their problems.

The strength of non-directive counselling lies in its stress on changing the person, instead of dealing only with the immediate problem as what directive counselling does. This approach depends on the ability of the counsellor to ask discerning questions, restate ideas, clarify feelings, and attempts to understand why these feelings exist. Professional counsellors treat each counsellee as a social and organizational equal. They primarily listen and try to help their client discover and follow improved courses of action. The counsellor has to attend to hidden meaning in the counsellee's explanations in order to fully be empathetic with the counsellee. Assumptions underlying the counsellee's statements should also be identified as the counsellee may be reluctant to raise some innermost concerns. The counsellor should have the ability to ensure that such concerns are brought out.

Counselling may also take the eclectic form which is a synthesis and combination of directive and non-directive counselling. In this approach the counsellor is neither too active as in the directive counselling nor too passive as in the non-directive counselling (Stewart 2005). The counsellor strikes a balance between the directive and non-directive approach.

In eclectic counselling, the counsellor assesses the needs and personality of the counsellee in order to select counselling techniques

that are most suitable and useful to the counsellee. Information should be given to the counsellee as well as reassurance.

In eclectic counselling, the counsellor first takes into consideration the personality and need of the counsellee. There is a need to select the directive or non-directive technique that seems to serve the purpose best. The counsellor may start with the directive technique. When the situation demands, switching over to the non-directive counselling and vice-versa may be necessary. An attempt is made to adjust the technique to the requirements of the situation and the individual.

According to Thorne (1973), the exponent of eclectic counselling, cited in Houston et al. (1983), such counseling should follow the listed steps;

- ♦ Diagnosis of the cause.
- ♦ Analysis of the problem.
- ♦ Preparation of a tentative plan for modifying factors.
- ♦ Securing effective conditions for counselling.
- ♦ Interviewing and stimulating the client to develop his or her own resources and to assume its responsibility for trying new modes of adjustment.
- ♦ Proper handling of any related problems which may contribute to adjustment.

This shows that counselling has to be methodical in ensuring that appropriate intervention and therapies are offered to the client. The general assumption in eclectic counselling is that approaches and techniques should not be rigid but should be dictated by the situation hence the need for the counsellor to have thorough knowledge in assessing the client's needs and personality.

Sue et al. (1992) argue that counselling training has generally followed the Eurocentric tradition in counselling theory and practice. These practices conflict with cultural values of other traditions (for example, the reliance of self-disclosure in the client-centred approach may go against allegiance to the family). While most counsellors could be aware that assessment instruments and techniques may be culturally biased, they need to be aware that in most cases, institutional barriers have been created based on assessment instruments. Diagnostic techniques fit the majority of cultures, but do not necessarily reflect cultural minorities' values.

Traditional counselling methods have emphasized the importance of helping the individual, thus going against the influence of the family and community structures. Knowing when and how to integrate the family and community into counselling practice will empower culturally different clients and help them seek a collective solution rather than an individual one.

Afro-centric approaches in counselling are approaches in counselling that center or focus on Africa or African peoples, especially in relation to historical or cultural influence (Mkize 2008). This really shows that taking Western approaches to counselling and therapy may not be helpful if such approaches do not embrace the cultural views of the Africans. Drennan (2001: 404) actually states that;

*It would be inappropriate for clinicians trained in a Western model to make diagnoses of traditional African illnesses, Not only are they not qualified to do so, there is also no evidence that the traditional categories offer better or superior diagnosis in non Western people.*

What could be gleaned from the above assertion is that counselling strategies should be adapted to suit specific cultural groups. Western approaches to counselling may have serious deficiencies in assisting African people cope with the problems. This is a view shared by Bodermer (1984: vii) who states that;

*A good knowledge of the culture, customs, language as well as of the literature, will help with the diagnosis of depression on black South Africans.*

Culture is taken to mean 'a social system of shared symbols, meanings, perspectives and social actions that are mutually negotiated by people in relationships with others' (Stead and Watson 2006:182). The issue of understanding the client's culture becomes very important in making the correct diagnosis and offering appropriate service. In a scenario where traditional leaders act as counsellors, they may be in a position to understand their clients as they hail from the same cultural background. Fukuyama and Sevig (1999) further argue that therapy offered to black Africans should be shaped by the African world-view for it to be useful to the clients and the values, goals and techniques of such therapy are different from the Western psychological perspective. Jones and Hodges (2001) also note that counselling should honour the

contextual development of multiple individual realities and societal circumstances that challenge black Africans.

Coker (2004) and Coker (2002) observe that the issue of formal counselling is actually a problem among Africans as they associate this with a Western endeavour that intrudes into people's private lives. They feel more comfortable in traditional sources of support such as family, friends and spiritual outlets (Sue and Sue 2003). Such an observation is important in bringing out the mind of Africans deeply rooted in the cultural traditions when seeing to offer counselling services. The existing social structures may need to be strengthened and exploited and traditional leaders are better positioned to assist their subjects.

In a more critical approach to Western approaches to counselling, Charema and Shizha (2008) observe that Western approaches to counselling demonise and oppress individuals and groups whole cultures when applied to non western cultures. Charema and Shizha (2008) advocate the use of indigenous approaches to counselling which they claim tactfully capture the importance of family and community as a means of communication for therapy and moral values. Of importance is the realisation that appropriate counselling takes cognisance of the client's cultural environment and utilises structures in family and community to enhance assistance offered to clients. Chamberlain and Hall (2000) allude to the fact that counsellors who are not sensitive to cultural differences had lower success rates when dealing with clients of other cultures, and as a result, they fail to empower their clients.

An effective counsellor can identify negative thinking patterns that may be feeding feelings of sadness, depression or anxiety. By encouraging you to build upon personal strengths and suggesting skills that can overcome self-inflicted feelings of hopelessness, a counsellor can help you develop a more positive attitude.

A good counsellor is also a positive influencer, enthusiastic, caring, supportive, trusting, focussed, goal-oriented, knowledgeable, attentive, clear and concise, patient, observing, responsive. A good counsellor should have empathy, which is the ability of a counsellor to stand in the shoes of the client and be able to see the things from the point of view of the client. A counsellor can only be successful if he or she is

able to exhibit feelings of empathy for the counsellee. This calls for the counsellor to understand issues from the point of view of the counsellee and will enable the counsellor not to impose solutions to the problem.

Heslop (1992) cites Rogers as well as Truax who consider genuineness, as a very important part of counselling. Genuineness has all to do with being good and of honest intention. A counsellee should have complete faith in the person they are confiding in and therefore the counsellor should be wholly worth the trust by being genuine. Apart from being cordial and friendly the counsellor should have honest and good intentions in the counselling process. A genuine interest in the client is a must for the counselling process to succeed.

Effective counsellors should be skilled communicators who have the ability to encourage clients to open up and talk about their problems. They should also have listening skills as an important part of communication. Counsellors should also be receptive and approachable people who are honest and non-judgmental. Counsellors should also try not to dominate the process of counselling. Stewart (2005) further observes that in dealing with the client the counsellor should concentrate less on what has gone wrong but on what should be changed.

Baiden et al. (2007) in a study on the use of lay counsellors in the promotion of community-based voluntary counselling and HIV testing found that counselling services should be more community-based than facility-based if they are to be more accessible to people. This shows the importance of having counsellors in the community so that they assist those in need as and when such services are required. Huntington et al. (1990) found the need for training counsellors to enhance their knowledge and skills in dealing with clients. The use of paraprofessionals in counselling cannot be dismissed as useless as a comparative study carried out by Hattie et al. (1984) concluded that people who sought counselling assistance from paraprofessionals managed to achieve resolution to their problems.

### **The Zimbabwean Context**

Whilst suicide is self-inflicted death whereby an individual deliberately takes own life, parasuicide is a suicide attempt (Kaplan and Sadock 1998 cited in Masango et al. 2008). Cases of

suicide and parasuicide are prevalent the world over (World Health Organisation 2008) and there are multifaceted causes for both suicide and parasuicide (Caruso 2011; Jena 2012; Parkar et al. 2009). There has been a rise in the reported suicide and parasuicide cases in Zimbabwe (Cooper 2008). Most of these suicide and parasuicide cases are linked to individuals' failure to cope with the pressures of everyday life especially in environments of cases in serious economic hardships (Makumbe 2009). Motsi (2003) observes that Zimbabwe witnessed an upsurge in the number of suicide cases because of economic hardships coupled with marital problems. Mzezewa et al. (2000) also reports the increase of patients admitted with burns in hospitals with such burns emanating from suicide attempts. Mzezewa et al. (2000) note that in most cases, victims of suicide attempts had doused themselves with paraffin or petrol and conflicts in love relationships were most causative circumstances. Another form of suicide attempt as reported by Dong and Simon (2001) is self-poisoning. Dong and Simon (2001) report that there were rising levels of people admitted in hospitals for organophosphate self-poisoning. In a study on the nature and causes of parasuicide cases in rural Zimbabwe, Munikwa et al. (2012) found that suicide and parasuicide cases were also very common in rural areas as pesticides were found to be used in self-poisoning.

### **Theoretical Framework**

This study is informed by the Multicultural Counselling and Therapy theory (MCT). The theory is premised on the following tenets, as summarized by Flores and Heppner (2002: 190);

- (a) Counseling theories and approaches must be embedded in the world view of the culture in which they are developed.
- (b) The counselor and the client must be understood contextually.
- (c) The counseling process and outcome is informed by counselor and client racial identify development that explain feeling and behaviours of the cultural group.
- (d) A variety of techniques and multiple helping sources within the community should be utilized in assisting the client.
- (e) The treatment goal is on expanding consciousness.

Such an approach advocates for culturally sensitive counselling and therapy within the context in which the clients are found in. This is contrary to approaches designed and developed for some cultural groups and are coerced to work for others.

### Goal of the Study

The study sought to ascertain the level of preparedness of traditional leaders as counsellors in offering counselling to parasuicide victims in rural Zimbabwe. It specifically sought to answer the question, "How prepared are traditional leaders in Hurungwe District in offering counselling services to parasuicide victims?"

## METHODOLOGY

The researchers utilized a qualitative case study in which data were collected through in-depth interviews from a purposeful sample of traditional leaders. Such a methodology as Creswell (1998:15) contends enables the researcher to "build a complex, holistic picture, analyses words reports detailed interviews of informants, and conducts the study in a natural setting." A qualitative methodology was chosen ahead of quantitative one as Brown (2008:22) observes that;

*In contrast to quantitative research in which control and prediction of variables, takes precedence by means of measurement and quantification, in qualitative research meaning and significance of themes take precedence by means of first-hand experiencing and participating.*

The researchers sought to empower the participants by hearing their narratives on their level of preparedness to offer counselling services to parasuicide victims hence the choice of a qualitative case study. Golafshani (2003) cited in Bashir et al. (2008:38) also observes that qualitative research is a 'naturalistic approach that seeks to understand phenomena in context-specific setting, such as real world setting in which the researcher does not manipulate the phenomenon on interest and only try to unveil the ultimate truth'. In this study the researchers sought to understand the traditional leaders' views on their preparedness in offering counselling to parasuicide victims from their point of view.

In line with the qualitative approach, the study utilized in-depth interviews as sole data collection tool. Seidman (2006: 9).

*The purpose of in-depth interviewing is not to get answers to questions, nor to test hypotheses.....an interest is in understanding the lived experiences of other people and the meaning they make of that experience.*

In interviewing the participants in this study the researchers' intention was to gain insight into their ways of operating and understanding from their point of view hence the interviews took form of free expression from the participants.

### Research Participants

Purposive convenience sampling was utilised in the selection of participants for this study. Selection targeted information rich sources that could yield the required information on traditional leaders' level of preparedness in handling parasuicide cases. A sample of 23 traditional leaders that included 3 chiefs, 8 headmen and 12 family elders participated in the study. The researchers had to travel around the area in which the study was conducted to identify, seek consent and collect data from participants.

### Data Collection

The main data collection tool utilised in the study were in-depth interviews that were held with the participants. Boyce and Neale (2006:3) state that;

*In-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a smaller number of respondents to explore their perspectives on a particular idea, program or situation.*

In line with the qualitative approach adopted for the study in-depth interviewing was found suitable in obtaining responses from traditional leaders on their level of preparedness in dealing with parasuicide issues. Interviews were audio-taped and later transcribed. The use of an audio tape ensured accuracy and trustworthiness of data.

### Data Analysis

Content analysis guided data analysis. Raw data from interviews were coded and emerging

themes guided the analysis. The analysis process follows a comparison of data in each interview transcript in order to draw similarities and differences in coding. Merriam (1998:159) states that;

*The researcher begins with a particular incident from an interview, field notes, or document and compares it with another incident... These comparisons lead to tentative categories... Comparisons are constantly made within and between levels of conceptualization until a theory is formulated.*

Common issues drawn from the interview transcripts were coded and three main categories of data emerged as;

- (a) Nature of training received in counselling
- (b) How traditional leaders counselled parasuicide victims
- (c) Participants' views on how effective they perceived their counselling services to be.

## RESULTS

### Nature of Training Received in Counselling

On the issue of the nature of training received in counselling some of the views of the participants were summarised as follows;

#### **Participant A**

*"I have never received any formal training in counselling."*

#### **Participant B**

*"We have been counselling people from a long ago and we have our own way of counselling which is in line with our culture."*

#### **Participant C**

*"As family elders we may not be trained but from our experience we know how to talk to and assist people in problems."*

#### **Participant D**

*"I have no training but as an elder I know what works for my family. There is no problem that I cannot offer counselling in."*

#### **Participant E**

*"We need to talk to people and show them that taking one's life is not the solution and we give them examples of people in similar, if not worse, circumstances who are managing."*

The general conclusion was that none of the participants had received formal training in counselling and their knowledge of counselling emanated from experience as elders in the community.

### How Traditional Leaders Counselled Parasuicide Victims

The participants were also asked to explain how they counselled parasuicide victims presented to them and two processes explained were captured as follows;

#### **Counsellor 1: Headman**

*"I take the victim to a place where only two of us will talk without anyone listening or disturbing. I first assure the victim that our discussion is done in confidence. I ask the victim about their problem. I listen to them speak. You know people like speaking about their problems if someone is listening. I ask him/her why he/she is thinking that committing suicide will end their problems. I give them examples of people in the community with similar problems and are managing. I will tell the victim to stop thinking of committing suicide and get back to their normal way of living as problems are part of life. I ask them to promise me that they won't think of committing suicide again."*

#### **Counsellor 2: Family Elder**

*"I sit down with victims and ask him or her to consider the problems he or she will be creating by terminating her life. Problems created to his/her parents, spouse and children. I tell them frankly that the family needs them and they should not entertain such evil thoughts of suicide."*

#### **Counsellor 3: Headman**

*"I ask the family history and try to find out if there are past cases of suicide. For some families I know the history and where there is an avenging spirit I ask them to consult tradition-*

*al healers and work to appease the spirits. No counselling works where there is work of an avenging spirits and appeasement is the solution.”*

**Counsellor 4: Family Elder**

*“All family elders may talk to the victim. Each one of the elders will be pleading with the victim not to think of committing suicide again. In counselling you need to understand the client’s problem and offer assistance judging from your experience.”*

Revelations from how elders counselled parasuicide victims showed that attempts were made, albeit in different ways, to assist the victims to cope and return to normalcy. However unprofessional the ways could be viewed the essence of assisting someone in problem underlines the efforts.

**Participants’ Views on How Effective They Perceived Their Counselling Services to be**

The participants were also requested to give insights on how they viewed the effectiveness of their counselling services and some of the views were captured as follows;

**Participant S**

*“Counselling depends on the person counselled some listen to my advice while others do not.”*

**Participant T**

*“I do help people a lot. Some of the people I have helped are still alive today and completely forgot about committing suicide.”*

**Participant U**

*“If the need to commit suicide is caused by an avenging spirit (ngozi) then it is very difficult to help the victim. We encourage the family to appease the avenging spirit by visiting traditional healers for advice.”*

**Participant V**

*“I may talk to the victim but the problem will be that the victim remains in the same en-*

*vironment that causes him/her to think of committing suicide. It may not help.”*

**Participant X**

*“Some people I assist later come back to thank me for having helped them which shows that my services would have benefitted them.”*

**Participant Y**

*“Some families refer parasuicide victims to me as their Chief. I sit down with the victim and after our talk I will notice some change. People in this community have faith in me.”*

**Participant Z**

*“I have talked to people in my family who were not cooperative at all. One of them committed suicide a week after I had talked to her”.*

The participants’ views generally revealed that they assisted parasuicide victims to deal with their challenges and help combat suicide. In that regard they deemed their efforts effective.

**DISCUSSION**

It emerged from the study that traditional leaders offered counselling to parasuicide victims without any formal training background. The finding is consistent with views by Charema and Shizha (2008) that vast majority of the Shona people use traditional informal counselling to deal with their challenges in addition to modern Western counselling services. The finding is also consistent with assertions by Makinde (1980) that guidance and counselling have always formed part of the African strategy for combating suicide attempts. Makinde (1980) further identifies some figures in the African traditional society who were responsible for offering counseling and these included family elders. However, the Western definition of counselling sidelines African traditional efforts of assisting people with life challenges as counselling. The involvement of traditional leaders such as family elders in counselling further corroborates Charema and Shizha’s (2008) assertion that the indigenous approach of counselling tactfully captures the importance of the family and the community

as a mode of communication for therapy and moral values. An African cannot be understood fully outside the context of family as family exerts a lot of influence in modes of behaviour hence the importance of family and community in counselling.

The revelation in the study of the involvement of traditional leaders in counselling even without formal training is also consistent with findings by Bodemer (1984) who argues that western approaches to counselling when used for African always fall short in their effectiveness if they do not take into account the cultural considerations of the African. Counselling in the African context should be embedded in the indigenous knowledge systems which according to Dondolo (2005:111) consist of traditional culture, traditional systems of healing, medicine and other forms of knowledge, oral traditions, storytelling and values. Baiden et al. (2007) actually advocate the promotion of community-based lay counsellors to enable people in rural communities to access counselling in their community and from people who understand them better. Counselling services will be made much more accessible when compared to current situations where people have to visit facilities where counsellors are western trained. The situation may be made worse in rural areas where even such facilities could be inaccessible.

The study also found that the traditional leaders had different ways in which they approached the counselling process and the main way was in talking to counselees and allowing them to talk of their problems. This is consistent with Gillis (1996) cited in Vogel (2009) who defines counseling as a facilitative process between a counsellor and a client. The only difference being that the traditional leader acting as a counselor is not trained. The findings in the study that traditional leaders as counsellors tended to dominate and prescribe solutions to victims is in line with direct counseling the counsellor completely gives direction to the counselee. However, there may be need to vary techniques.

It also emerged from the study that the traditional leaders in their counselling appeared to understand their clients in their cultural context. This corroborated claims by Jones and Hodges (2001) that counselling should honour the

contextual development of multiple individual realities and societal circumstances that challenge black Africans. It will be worthwhile for all counsellors even the Western trained ones to employ the multicultural approach in order to cater for cultural diversity in modern societies. In rural areas effective counselling can only be offered by those who understand the culture, knowledge systems and the role of family in supporting individuals (Sue and Sue 2003).

It also emerged from the study that counsellors viewed their counselling efforts as successful. Vogel (2009) observes that effective counselling should provide appropriate help to people living in a contemporary and diverse society. The finding corroborates findings by Hattie et al. (1984) which concluded that people who sought counselling assistance from paraprofessionals managed to achieve resolution to their problems. However, the realization that some victims of parasuicide went on to commit suicide even after receiving counselling could be indicative of shortcomings of the counselling efforts despite participants' claim of effectiveness. This confirms Huntington et al.'s (1990) conclusion that there was need for training for counsellors to enhance their knowledge and skills in dealing with clients.

## CONCLUSION

The study found that traditional leaders used various approaches when counselling victims of parasuicide which included talking to the victims and also asking the victims to narrate their experiences. It emerged that the traditional leaders under study were also following informal traditional counselling approaches when counselling victims of parasuicide cases. Whilst the traditional leaders were prepared to assist victims of parasuicide in their community, they were however not trained in counselling victims of parasuicide but used their own experience. Counselling of parasuicide victims took various forms and differed from counsellor to counsellor suggesting that there was actually no uniformity in the way counselling was done. However, despite the fact that traditional leaders under study were not trained in counselling parasuicide victims, successes were noted at times in their counselling sessions since victims ended up not committing suicide after the counselling sessions.



### RECOMMENDATIONS

The following recommendations are made against the findings of the study:

- (a) The role of traditional leaders as counsellors in communities should be acknowledged and their functions formalised. People in the communities should be made aware of their counsellors whom they can approach for assistance whenever there is a problem. The counsellors should have incentives offered to them and they should also be made accountable.
- (b) There should be training courses in counselling for traditional leaders. Such training should be centred on multicultural counselling techniques. Such training will enable traditional leaders to enhance their services by offering them skills and expertise in basic counselling techniques. This will ensure uniformity in the way counselling is conducted.
- (c) Counselling of parasuicide victims in communities should follow some uniformity in line with basic counselling techniques. However, counselling should not lose its Afrocentric bias which allows people with similar cultural experiences to counsel each other within cultural contexts.
- (d) Constant evaluation exercises should always be conducted to ascertain the effectiveness of counselling services offered by traditional leaders. Traditional leaders as counsellors should be made more accountable of the results of their efforts.
- (e) There is need for traditional leaders to carry out general public outreach programmes on parasuicide awareness to conscientise the community at large on parasuicide causes in effort to reduce cases of parasuicide in the society.
- (f) Counselling services should be made more accessible to victims of parasuicide and should infuse indigenous knowledge on traditional culture and values.
- (g) Further research should be carried out at a larger scale to establish assistance rendered to parasuicide victims in other districts, at national level and international level

### LIMITATIONS

The main limitation of this study is the sample size which was small and purposive hence results cannot be generalised to the whole of Mashonaland West Province. The results yield some insights that are a call for a further study with a larger sample covering wider area. The study also mainly used the counsellors as participants and use of the parasuicide survivors could have provided a better and balanced assessment of the issue under investigation.

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