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RESEARCH ARTICLE

THE RELEVANCE OF NON AFRICAN FAMILY THERAPEUTIC PRACTICES ON AFRICAN FAMILY RECOVERY: A CASE OF ENTEBBE IN UGANDA

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ABSTRACT

The study dealt with the Identification, analysis and a discussion of findings of the non African based family systems therapies on African family recovery. The major objective of this study was to identify and analyse the Family systems therapies used in Entebbe-Uganda and the method of achieving this was done by carrying out in-depth interviews with the sample counsellors, nominal group discussions and by analysing their written cases. This study was a case study because the researcher intended to intensively assess the effectiveness of family systems therapies in a limited environment to generalise the findings to the entire population Mbabazi (2008). The research tools used were based on one hour interview with each of the respondent (counsellors) and the analysis of their written cases of practicing counsellors. This study adds to the reading community family therapeutic approaches in use in Uganda which are still rare fields for dilettantes, within significant academic engagement and contribution to African scholarship and world view. This study also has given to readers a contextualised and an application of elements on the voluminous corpus of family approaches and many other cardinal principles of family management which have evolved considerably through institutional and substantive growth over the years but especially with non African perspective. This study explored and documented non African family therapeutic applications and enforceability in the specific context of the African family healing in the context of Entebbe – Wakiso - Uganda. The 68 counsellors who were interviewed were as follows: 3 PhD candidates, 10 Masters Holders, 12 bachelor's holders and 43 diploma holders. These were sampled using snow ball sampling technique and purposive sampling technique. Findings revealed that no family approach is used 100%, and that family therapies are not sufficiently employed by family therapists. Therapists agreed that even though they use all family therapies eclectically they do not use them at the same level and those other therapeutic models especially social cultural traditional approaches to family healing are also used. The study recommended that therapists come up with an approach that incorporates the dynamics of the indigenous African world view and western based family therapies.

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INTRODUCTION

This study about Family Systems Therapies was inspired by a therapeutic discipline that has gradually evolved. Nicholas and Shwartz, (1998) illustrated that the discipline was born when the therapists began naming what they were doing "Family Therapy". Until then, interviews that included more than one family member took place as supplementary meetings for individual therapy and were not specifically labelled, structured or defined. Instead they were called (and hence they were) parental guidance conversations, supportive couple sessions, information seeking interviews and the like. Although there were therapists who consistently conducted therapeutic interviews with couples or families, they kept it under wraps due to the concept's heterodoxy, (p. ix). 1950s and

1960s gave the rivulets that fed up to become the mainstream family therapy, (Ibid 1998).

The Concept of Psychotherapy: Counselling was used in this research simultaneously and interchangeably with the word Psychotherapy. The difference between these terms is a controversial point. However, most psychologists today would agree to a difference of degree rather than kind. Psychotherapy is used and practiced mostly by psychiatrists, clinical psychologists and at times by psychiatric social workers with a goal of bringing about a deep personality change in psychotic and chronic psychoneurotic patients, in terms of more effective reorganisation of the psychological processes and it takes many sessions and months or years. Personal counselling on the other hand, is practiced by counselling psychologists,

marriage counsellors, teachers, parents and friends with the goal of achieving a better personal adjustment and growth in maturity, by stimulating the counsellee to exploit her/his potential and use more of his/her resources, (Fuster, 2006). Psychotherapy is from two Greek words *psyche*, which means mind, brain, and *therapeia*, which means "attending", and "healing", however psychotherapists are not interested only in healing the sick people. They are interested in understanding "normal" people, learning how they function, and helping them to function more creatively, (Engler 2003). Prochaska *et al* (2007) argued that no single definition of psychotherapy has won universal acceptance. Depending on one's theoretical orientation, psychotherapy can be conceptualised as interpersonal persuasion, health care, psychosocial education, professionally coached self change, behavioural technology, a form of re parenting, the purchase of friendship, a contemporary variant of shamanism. It may be easier to practise psychotherapy than to explain or define it.

Norcross, 1990, p.218 defined psychotherapy as:

"The informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviour, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable".

Rychlack (1968) points out that psychotherapy has three major goals: the scholarly, the ethical, and the curative. The scholarly motives consider therapy as a means of understanding the self and human nature. Ethical motive consider therapy a means of helping the individual to change, improve, grow, and better their quality of life. The curative motive aims directly at eliminating troublesome symptoms and substituting maladaptive behaviour with more suitable behaviours.

The Concept of Family and Marriage: The modern English word "marriage" derives from Middle English marriage, which first appears in 1250-1300 B.C. This in turn is derived from Old French *marier* (to marry) and ultimately Latin *maritare* (to marry) and *maritus* (of marriage). So marriage is a social union or legal contract between people that creates kinship. It is an institution in which interpersonal relationships, usually intimate and sexual, are acknowledged in a variety of ways, depending on the culture or subculture in which it is found. Such a union, often formalized via a wedding ceremony, may also be called matrimony. In his book *The History of Human Marriage* (1921), Edward Westermarck defined marriage as "a more or less durable connection between male and female lasting beyond the mere act of propagation till after the birth of the offspring."

In *The Future of Marriage in Western Civilization* (1936), he rejected his earlier definition, instead provisionally defining marriage as: "a relation of one or more men to one or more women that is recognized by custom or law".

"The family is the natural and fundamental group unit of society and is entitled to protection by society and the State" (United Nations, 1948).

This research considered only heterosexual monogamous marriages and other forms of marriage are outside the scope of this study. Family is the physical smallest and basic unit of a society. It is comprised of father, mother and children.

According to Goldenberg *et al* (2008), a family is a far more than a collection of individuals sharing a specific physical and psychological space. He defines it as a natural social system that occurs in diversity of forms today and represents a diversity of cultural heritages. A family is referred to by US Bureau of the census (1997) as any two or more persons related by birth, marriage or adoption and residing together. It is a collection of individuals sharing a specific, physical, and psychological space, (Goldenberg, 2000). Families can be either nuclear or extended, and with African families they are mainly extended. Hornby (2007), asserts that family is a group of people staying in one roof and usually under one head or consisting of one or two parents and their children: the other members of family, close relations/relatives. It can be termed as all the people who are related to each other. A family is still defined as a group which brings together all those who are related by blood that is man, his wife or wives and children and their grandchildren and great-grandchildren (Kenyatta, 1938). These are people who are connected biologically. Nyamiti (1987), argues that the term "family" in Africa evokes not only blood communal membership of few living members, but also the themes of clan, tribe, affinity, maternity, patria potestas, priesthood, ancestors (involving the themes of mythical time, archetypes, heroes, founders), initiation and hence fecundity, life, power and sacrality. This involves everyone who is related to a given family. Kayongo-Male D and Onyango P (1994)) further asserted that the family is the basic and social institution. The family is a foundation and fundamental ground of essential and initial formative place for every human being. Gichinga (2005), emphasized that extended family involves cousins, or anyone nuclear family members such as brothers and sisters, of father and other relatives outside the nuclear family who are maintained through adoption, visiting or economic support and house servants.

African families: Marriage in this research was defined by the researcher as a socially recognised and approved union (social, economic, emotional, and sexual) between man and woman who commit themselves to each other with expectations of a stable and lasting marriage and with parental rights and duties. Mbiti, (1969) considers marriage as a focus of existence, a point where all members of a given community meet that is the departed, the living, and those yet to be born, a place where the drama of history is repeated, renewed and revitalised.

Significance and scope of the study: The study aims at enhancing the inter and intra-family composition and systems of the families to be fully functioning and in helping family members better their lives and lives of all involved in the therapeutic relationships. The major significance of the study lies in addressing and filling the gaps within the existing family models western and African family therapies. This was done by analysing core approaches and theories from traditional western theoretical foundations on traditional African foundations. This study seeks to bring about fundamental change based on the human person's level of the self awareness, responsible decisions and initiatives as a member of the family in these global times. The human person in the family is the central subject in this endeavour and is both the "means and the end". The human person in the family is both a participant and a beneficiary in the therapeutic process. Human persons are Self-Reflexive characterized by their ability to make themselves and their own behavior the focus of examination; this is self-reflexivity that permits humans to examine their systems and set goals and permits humans to

examine social influences on systems and behaviors, rather than naively accepting them as “natural.” Humans are bio-psycho-social-spiritual beings. Each aspect of functioning needs attention and care through self-reflexivity. Self-reflexivity leads family members to develop feelings of deep kinship with all humanity. This study thus has extended the knowledge by looking at the family is the cradle; a place where an individual is born. Beyond psychological birth, the cradle is the developer and transmitter and the exemplar of the core values and value system.

Statement of the Problem: Professional Counseling has been in Africa and in Uganda in particular for more than five decades and Western Family systems counseling as a course-unit has been taught in most of the Higher Education Institutions. Psychotherapists and psychologists believe that Family systems therapy aims at creating psychosocial skills training, empowerment, and respect among all family members built on humanitarian and philanthropic principles. Family systems therapy is meant to produce a change that is dynamic and relatable enough to meet the day-to-day demands. Uganda Counselling Association (UCA) December 2009:8 indicated that Uganda has been with a continuous growth of counselling services for over five decades with

“...over 500 registered counsellors and close to 12 corporate members, including institutions of higher learning, HIV and AIDS service organisations, and government departments...It is estimated that Entebbe-Wakiso District has 100 practising counsellors and the rest 400 are distributed to the rest of Districts of Uganda”.

The major concern at hand is that the western family systems therapies have not been contextualized to address concrete experiential aspects of the Ugandan family settings. Despite the use of Western family systems therapies, there is persistent domestic violence as reflected in the 2006 Uganda Demographic and Health Survey (UDHS) shows that nearly 60% of women have experienced some form of physical violence, and in more than 87% of cases, the perpetrator was a current or former husband or partner. The other inadequacy of Western family systems therapies is evidenced in the Ugandan context by the persistent record of psychosocial human rights violations as testified by Uganda Human rights commission (UHRC) in its 11th annual report 2008:6. The report indicated that in 2008 alone the UHRC received 1,060 complaints, majority of which were about violation of freedom from torture and cruel, inhuman or degrading treatment or punishment 29.8%. There were also significant complaints on the violation of children’s rights 22.1% and personal liberty 16.8%, property 9.6%, life 5.9 % education 4.7% rights of workers 3.4% rights of fair hearing and speedy trial 3.3% and the remaining 1% in other complaints. The existing family therapies have shown gross inadequacies in addressing the existing family challenges. The contemporary families however have remained entangled into the global influences that have been purportedly brought about by technological and scientific advancements that have led to new innovations to cope up with the novelties. These changes have contributed to families in Uganda to lose some traditional upheld values like teamwork and respect of the aged and parental control over their children. To this goal, the study explored the above gaps and dilemmas in western family systems and gaps within African family healing so as to make a family fully functioning.

Major Objective the study: To identify and analyse the Family systems therapies used in Entebbe-Uganda and the method of achieving this was done by carrying out in-depth interviews with the sample counsellors, nominal group discussions and by analysing their written cases.

Study scope: Uganda is a relatively small country with 230,000 km square, landlocked found in high plateau that rolls from the Ethiopian highlands towards Southern Africa. It lies astride the equator, between 4.12° north and 1.29° south. It is bound with longitude 29.34° East and 35.0° s West. It is bordered by Kenya in the east, Sudan in the north, Democratic Republic of Congo in the west and Rwanda and Tanzania in the south.

Physical scope of Entebbe: Entebbe lies at 0°04N, 320.280E and is 37 kilometres South East of Kampala the capital city of Uganda. It is situated in Wakiso District boarding Lake Victoria in the South. The Municipality is located on a peninsular into Lake Victoria covering a total area of 56.2 km², out of which 20km² is water.

Population: The final results of the 2002 population census put Entebbe Municipality at a total of 55,086 people of whom 27,135 are males and 27,951 females. The mean household size is 3.8, whereas the sex ratio is 97.0. The 2002 census also revealed that the Municipality has 14,216 households.

Profile of the respondents in the study: The research was based on 592 respondents comprising of 68 counsellors out of 80 targeted populations of counsellors and also from 100 families with a total 524 members. These respondents were accessible for interviews and nominal group discussions. NB. Counsellors 50 families had total family members of 254. Un-counsellors 50 families had total family members of 270 The 2002 population census put Entebbe at a total of 55,086 people of whom 27,135 are males and 27,951 females. The mean household size is 3.8, whereas the sex ratio is 97.0. The 2002 census also revealed that the Entebbe has 14,216 households.

Table 1. Showing the study population

Category	population size	Accessible study population
PhD counsellors or PhD candidates.	3	3
Masters degree counsellors	10	10
Bachelors degree counsellors	20	12
Diploma holders counsellors	47	43
Counselled families	60	50
Un counsellors families	60	50
Total	200	168

Source: Field data, 2018

Data collection instruments used on counselors: The 68 counsellors who were interviewed were as follows: 3 PhD candidates, 10 Masters Holders, 12 bachelor’s holders and 43 diploma holders. These were sampled using snow ball sampling technique and purposive sampling technique.

Table 2. Showing data collection instruments used on counselors

(Category) Counsellors	Data collection tool	Spent hours
3 PhD Candidates	Interview (one hour each)	3 hours
10 masters holders	Interview (one hour each)	10 hours
12 bachelors holders	Interview (one hour each)	12 hours
43 diploma holders	Interview (one hour each)	43 hours
Total counsellors 68		68 hours

Source: Field data, 2018

Those who were accessible for interviews and provided their family written cases to the researcher for analysis were as follows: 6 masters’ holders, 8 bachelor’s holders and 27 diploma holders.

Table 3. Showing counsellors who were interviewed and provided their written cases to the researcher

(Category) counsellors	Data collection tools	
6 masters holders,	Interviews	written cases
8 bachelor’s holders	Interviews	written cases
27 diploma holders.	Interviews	written cases
Total 31		

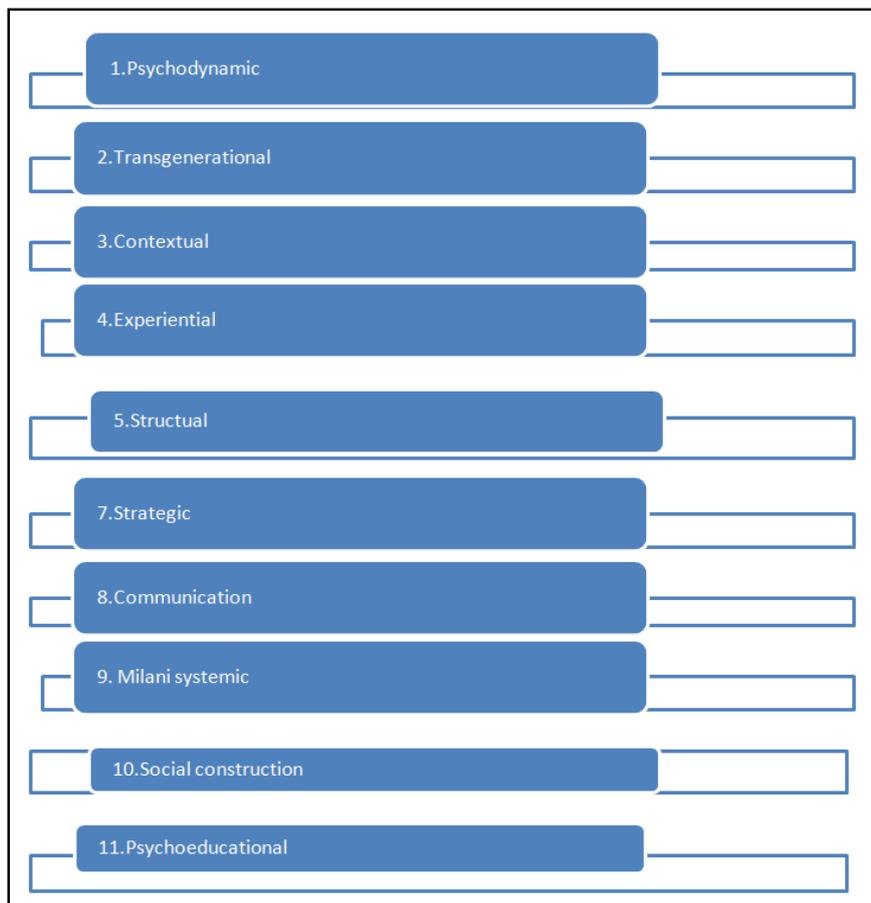
Source: Field data, 2018

Description of data analysis techniques: The obtained data has been analysed thematically and the information has been sorted, presented, and categorised by identifying patterns or connections between the categories (similarities and differences), related, interrelated, prioritised, synthesized and evaluated under specific propositions questions. In some areas narrative writing integrated different data elements, Yin, R.K (1994). There was the description of the situations the data represents,(Amin 2005:445).

The research findings were analysed with interpretive analysis, structural analysis and reflective analysis, Leedy, (1997).

Field data

Presentation of the data: The study found out that out of the 68 counsellor respondents, 3 used all family systems therapies, 20 been conscious of the family systems therapies, 14 had used some and 6 had used most of the therapies and 25 were not aware of any of the family systems therapies as the table below shows; The above table reveals that a surprising data that in the range of the three years under study, only 4.4% used all the family therapies under investigation and the rest 96.6% did not with 8.8% using most of the therapie. The research tool used were based on one hour interview with each of the respondent and the analysis of their written cases. From the above table it is clear that no family approach is used 100%, one discovers that communication family therapies were frequently used with the highest percent of 13.2 % and Cognitive Behavioural approaches were the least used with 4.4%. The research tools used were based on one hour interview with each of the respondents and the analysis of their written cases.



Graph 1. Showing different family therapies

Table 4. showing the level of application of family systems therapies of the respondents (Counsellors)

Level of family therapy used	Frequency 2016	Frequency 2017	Frequency 2018	Total Numbers of respondents	Percentage (%)
Used all family therapies	0	1	2	3	4.4
Conscious of the family therapies	4	7	9	20	29.4
Used some of the family therapies	4	5	5	14	20.6
Used most of the family therapies	1	2	3	6	8.8
Not aware of any of the family therapies	14	6	5	25	36.8
Total	23	21	24	68	100

Source: Field data, 2018

Table 5. Showing the Level of usage of the most used family theoretical orientation by counsellors

Family systems therapy	Frequency of counsellor in 2018	Percentage (%)
Psychodynamic	7	10.3
Trans-generational	4	5.8
Contextual	8	11.8
Experiential	8	11.8
Structural	5	7.4
Strategic	6	8.8
Communication	9	13.2
Milan systemic	6	8.8
Behavioural and cognitive	3	4.4
Social construction	5	7.4
Psycho-educational	7	10.3
Total	68	100

Source: Field data, 2018

The usage of different family approaches based on counselling education levels

Table 6. Showing Ph.D holders in counselling or candidates

3 Master's holder's	Frequency 2016	Frequency 2017	Frequency 2018	Total frequency	Percentage (%)
Used all family systems therapies	3	3	3	3	100

Source: Field data, 2018

Non directional cycle 1. indicating how Masters Holders in counselling used family therapies

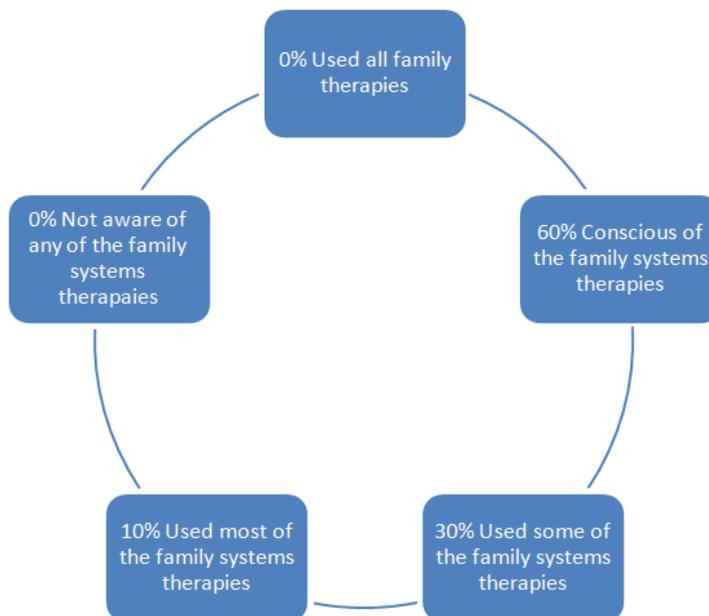


Table 7. Showing Bachelor's holders in counseling

Bachelor's holder's	Frequency 2016	Frequency 2017	Frequency 2018	total frequency	Percentage (%)
Used all family systems therapies	0	0	0	0	00
Conscious of the family systems therapies	2	2	3	7	38.3
Used some of the family systems therapies	0	1	1	2	16.7
Used most of the family systems therapies	0	0	1	1	8.3
Not aware of any of the family systems therapies	2	0	0	2	16.7
Total	4	3	5	12	100

Source: Field data, 2018

The research tool used was based on one hour interview with each of the respondents at different times in their clinics. They agreed that even though they use all family therapies eclectically they do not use them at the same level. All agreed that communication therapies are the most preferred. The research tools used were based on one hour interview with each of the respondents and the analysis of their written cases. None of the respondents among the category of counsellors with a Master's degree was unaware of any of the family systems therapies (0%) and none used all the available family

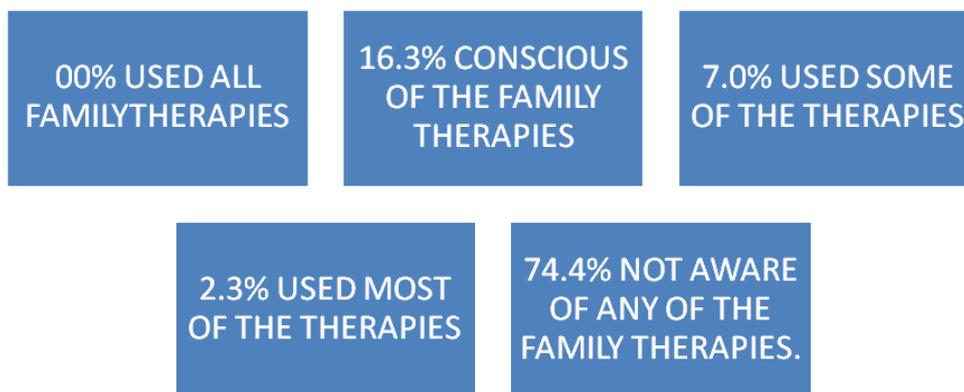
therapies (0%). 60% of the counsellors were Conscious of the family systems therapies. The rest 40% used some of the family systems therapies 30% or used most of the family therapies 10%. Among counsellors with a Bachelor's degree, none used all the available family therapies (00%) and 16.7% were not aware of any of the existing family therapies while majority were conscious of the family therapies (38.3%). The rest 8.3% used most of the family therapies and 16.7% were not aware of the family systems therapies. The research tools used were based on one hour interview with each of the respondents and the analysis of their written cases.

Table 8. Showing the level of usage of the most used family therapy

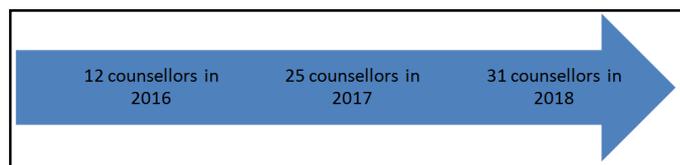
Family systems therapies	Frequency 2016 Counsellors	Frequency 2017 counsellors	Frequency 2018 counsellors	Total number of counsellors	frequency	Percentage (%)
1. Psychodynamic	1	3	3	7		10.7
2. Trans-generational	1	1	2	4		5.9
3. Contextual	2	3	3	8		11.8
4. Experiential	1	3	4	8		11.8
5. Structural	1	2	2	5		7.3
6. Strategic	2	1	3	6		8.8
7. Communication	2	3	4	9		13.2
8. Milan systemic	2	2	2	6		8.8
9. Behavioural and cognitive	0	1	2	3		4.4
10. Social construction	0	3	2	5		7.4
11. Psycho-educational	0	3	4	7		10.3
Total	12	25	31	68		100

Source: Field data, 2018

A basic block 1. list indicating diploma holders and their consciousness about family therapies



Counsellors with a diploma had the majority not aware of the existing family therapies of 74.4% and with none who was able to use all the family systems therapies (00%). Those who were conscious of the family therapies were 16.3% and those who used some of the therapies were 7.0% and 2.3% used most of the therapies. The research tools used were based on one hour interview with each of the respondents and the analysis of their written cases.



The research tools used to obtain the above data were based on one hour interview with each of the respondents and the analysis of their written cases.

Extent of the used family systems therapies: Different family therapies were employed to heal the families at different levels. This depended on how different counsellors felt comfortable with the family therapy. This is partly explained by the manner of training or the availability of the clients whose life issues necessitated the employment of the given family systems therapy. The above table 8 reveals that communication family therapies were the most preferred approach with the 13.2% with behavioural cognitive therapies with the least of 4.4 %. The rest of the percentages are scattered in other therapies as in the table above. It is thus concluded from the study that no family approach is used 100%, It is evidential that family therapies are not sufficiently employed by family therapists. Therapists at doctoral level were the only ones who agreed that they use all the family therapies. They also agreed that even though they use all family therapies eclectically they do not use them at the same level. Majority of 13.2% of the total therapists involved in the study agreed that communication therapies are the most preferred. This already indicates that therapists are using other therapeutic models especially social cultural traditional approaches to family healing. Six eight (68) counsellors involved in the study can be shown in a continuous arrow process indicating the growth in the total usage of different family therapies as follows:

DISCUSSIONS

The usage of psychodynamic within three years of 2016, 2017, 2018 scored cumulative 10.7%. An assumption of psychodynamic family therapy is that resolving problems in marriages in the client’s current family or in their lives necessitates intra-psyche exploration and resolution from the early parent-child marriages. It is further assumed that these early influences affect and explain the nature of the present interpersonal difficulties, (Becvar & Becvar 2,000). Psychodynamic viewpoint, based initially on psychoanalytic model focuses on drive theory and the interplay of opposing forces within the individual and treatment based on individual with proponents like Sigmund Freud. The usage of trans-generational within three years of 2016, 2017, 2018 scored cumulative 5.9%. Family systems theory, developed primarily by Murray Bowen, has a trans-generational outlook and is based on a natural systems perspective in which a human behaviour is seen because of an evolutionary process and as one type of a living system. As Friedman (1991) points out that, the theory is not fundamentally about families but about life. Bowen conceptualised the family as an emotional marriage system (Kerr & Bowen, 1988). The usage of

Contextual family therapy within three years of 2016, 2017, 2018 scored cumulative 11.8%. Contextual family therapy, developed primarily by Boszormenyi-Nagy (1987), focuses on relational ethics and trans-generational legacies, exploring how influences from the past have a bearing on present day functioning of all members. In this view, families have an invisible loyalties-obligations rooted in the past generations-and unsettled accounts that must be balanced (Boszormenyi-Nagy, Grunebaum, & Ulrich, 1991).

The usage of experiential and symbolic approach within three years of 2016, 2017, 2018 scored cumulative 11.8%. Carl Whitaker's family approach of experiential and symbolic approach, often involving a co-therapist, was designed to capitalize on both the real and symbolic experiences that arise from the therapeutic process, and was aimed at bringing personal growth (Whitaker & Bumberry, 1988). The usage of structural family approach within three years of 2016, 2017, 2018 scored cumulative 7.3%. structural family theory focuses on the active, organized wholeness of the family unit and the way family organizes itself through its transactional patterns.

The usage of Communication approaches' within three years of 2016, 2017, 2018 scored cumulative 13.2%. Communication approaches' basic premises are fundamental to both structural and strategic models and probably no approach that does not acknowledge the importance of effective communication. It is therefore not easy to identify key figures and specific models distinctively representative of this model (Becvar & Becvar, 2000). The essential focus of this theory/approach is the redundant patterns of communication and interaction within and between the systems and the emphasis is here and now and the key question is what? Not why?

The usage of Strategic outlook within three years of 2016, 2017, 2018 scored cumulative 8.8%. Strategic outlook is to help the family resolve its presenting problem not working with underlying family emotional issues or speculating future, Shoham, Rohrbaugh & Patterson,(1995).The emphasis in strategic therapy, according to Madanes (1981) is not on devising a therapeutic method applicable to all cases, but rather on designing a unique strategy for each specific presenting problem. The usage of Systemic family approach within three years of 2016, 2017, 2018 scored cumulative 8.8%. Systemic family approach is characterized by a systemic search for differences-in behavior within marriages, in how various family members perceive and construe an event-and by efforts to uncover the connections that link the family member and keep the system in homeostatic balance ,the approach has come to be known as systemic family therapy (Bateson 2000). The usage of Behavioural models within three years of 2016, 2017, 2018 scored cumulative 4.4%. Behavioural models of family therapy attempt to bring the scientific method and process into family therapy by developing regularly monitored, data based intervention procedures. These approaches emphasize environmental, situational and social determinants of behaviour. Most behaviorists have recognized influence of cognitive factors as events mediating family interactions. Cognitive behaviorists view people as neither exclusively driven by inner conflicts (the orthodox psychoanalytic stance) nor helplessly buffeted by outside forces (the orthodox behavioural position) (Epstein & Baucon, 2002). The usage of Social construction within three years of 2016, 2017, 2018 scored cumulative 7.4%. The postmodern revolution in family therapy challenges systems thinking, especially of the first

order cybernetic type (the study of methods of feedback control within a system, especially the flow of information through feedback loops). In the postmodern view, what we call reality is socially or culturally constructed, Freedman and Combs (1996) observe:

“A central tenet of the postmodern world view in which we base our approach to therapy is that beliefs, laws, social customs, habits of dress and diet-all the things that make the psychological fabric of “reality”-arise through social interaction over time. In other words, people, together, construct their realities as they live them (p.23)

The usage of Psycho-education within three years of 2016, 2017, 2018 scored cumulative 10.3%. Psycho-education offers an empirically based form of intervention that seeks to impart information to distressed families, educating them so that they might develop skills for understanding and coping with their disturbed family member or troubled family marriages (Guernsey, Brock, & Coufal, 1986).

Conclusion

- Each family seeking counselling is unique and needs specific, particular attention.
- Each family presents its own pattern of relationships, ways of interaction and communication with each other and their very own problems.
- It has been discovered that all evaluated family therapies have applicable and non-applicable measures to attending a particular family, depending on the family life style; culturally' financially, spiritually, socially, physically and psychologically.
- Family and marriage counsellors have to be courageous, innovative and creative in their therapy approach. They have to be willing to leave their “therapeutic comfort zone”, (the the rigidly set boundaries in counselling). By observing the unique needs of individuals and their families, within a given cultural background, the counsellors are led into combining classical therapeutic approaches with rather unconventional practical measures, to come up with a “therapeutic patchwork approach”.
- As life, especially family life is in an ever-mutable process, it calls for dynamic counselling dynamic attitude in counselling will bear new family therapy approaches in order to fully encounter singular needs of clients in a suitable, effective way, which can lead to family - healing, - freedom and - growth in ever-changing times.
- Therapeutic patchwork approach should aim to embed the cultural, ethnical, spiritual issues of the family members.
- The study has demonstrated that there is a significant difference between the indigenous African family therapies and western based family therapies. Africans were cosmostheandric in nature (that is integrating cosmos with humanity and with gods in the therapeutic process as seen in the Indigenous treatment of postpartum psychosis) and western are psychosocial in nature.

Recommendations

- Therapists have to step out of "therapeutic boxes", leave their "therapeutic comfort zones" in order to

help clients and their families to achieve long-lasting family healing.

- Therapists need to come up with an approach that incorporates the dynamics of the indigenous African world view and western based family therapies.

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