LABELLING: MEANINGS FOR COUNSELLING PSYCHOLOGY PRACTICE IN CONTEMPORARY TRADITIONAL SOCIETIES

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Abstract
Practitioners in counselling psychology and related services will constantly research more on their own professional practice and implications on therapy in the treatment of clients. Various labelling and categorizations in contemporary society, their meaning and implications on emotional disturbance are important variables that must be linked with our lives and in helping. Labelling and categorization also forms a part of stigma and discrimination that eventually connotes a hierarchical structure because this is the way someone is recognized, understood and differentiated from others albeit biased often at times. Modern living too has experienced a period of change and societal positioning as the world steadily evolves. There are wider democratic changes, health issues are more diversified and people more firmly seek their human rights. These broad policy positioning impact on our lives and counselling profession as modern society undergoes greater transformation. This paper discusses labelling and categorisation and their inference in counselling psychological services in contemporary traditional societies.

Keywords: Labelling, categorization, traditional society, counselling psychology.

Labelling and Categorization
Practitioners in counselling psychology and related services including clinical psychologists, counsellors, psychiatrist, psychotherapists, psychologists, social workers together with pastoral care and chaplaincy will research more on their own professional practice and implications on therapy in the treatment of clients. For example, the various labelling and categorizations in both traditional and contemporary society, their meaning and implications on emotional disturbance are important variables that must be linked with our lives, in helping and ultimately in communication. Communication is about using language and symbols to convey meanings and ideas between individuals and across communities. Human communication is purposefully marked by intention and anticipation of reaction. Communication is interactive because it involves the act of evoking reactions or emotions from another individual. In that case,
communication can be verbal when mediated by language, or non-verbal when other symbols are involved. It can also be direct when a certain pattern of behaviour evokes a particular type of response or subtle, and indirect when behaviours are not predictable or ambiguous and not even completely comprehensible. Thus, labelling and in turn categorization also forms part of a hierarchical structure in communication. This is because it is the way someone is recognized, understood and differentiated from others albeit biased often at times.

Labelling is describing someone or something often in a word or short phrase. A description enables identification of behaviour as well as traits in a person. Labelling is necessary for communication in that it may refer to an individual or be related to a reference group. For example, male and female, black and white people, high and low pitch, young and old. There are various reasons why a description is apportioned but in many instances, it may be positive or negative and can lead to stereotypes and thus will have implications. A label assigned to a person for instance is often a description applied from the outside, rather than something intrinsic and yet even emotions as not as precise (Griffiths, 1997). Labelling is different from categorization.

Categorization is the process in which ideas and objects are recognized, differentiated, and understood. Categorization implies that objects are grouped into categories, usually for some specific purpose. Ideally, a category illuminates a relationship between the subjects and objects of knowledge. There are several typical categories in society. They include: gender, sexual orientation, ethnicity / race, ethnicity, religion, politics (political party, conviction or beliefs), culture, age, persons with disability, country of origin, social economic status (social status, caste system), behaviour (normal (regular) or deviants / deviant, delinquency, addiction) and many other categories (height, weight, physical appearance, illness, imprisonment). Categorization is fundamental in language, prediction, inference, decision making and in all kinds of environmental interaction. It is indicated that categorization plays a major role in all forms of communication including our interpretation of communication.

Accordingly, we are attuned to the emotive force of the ways in which our human activities, interests, points of view, feelings and emotions, and behaviour including words and their meaning, labelling and categorisation influences thoughts and behaviour. This is because
labelling and categorization have assumptions, the uncritical use of language in the naming processes. Thus we are often blinded to having to adopt particularly value-laden perspectives. The perspectives systematically shape our world, but can also distort our interpretation of the world and interfere with our perception. Subsequently, we also have stereotypes of people and this is informed and influenced by our perception. Labelling and categorisation may also require a recasting of words and phrases and thus we need to encourage reforms in our ordinary concepts and beliefs as well as fostering a deeper appreciation of our bias and other thoughts that slips into our values and notion systems. This paper elucidates the cognitive processes in the labelling and clustering process and identifies the extent to which this influences our psychological make-up and in turn determines how psychological factors influence help seeking among clients.

**Labelling and Categorisation: Clustering and Psychological Variables**

Clustering is a group or set of objects of the same or similar elements. Clustering involves tasks or objects gathered or occurring closely together. Clustering is both a cognitive and communication process; it is a cognitive process since it involves a mental process and a linguistic process because the items, objects or elements in a cluster are described or grouped together and hence are labelled or named in similar categories. Thus, when you state that a group of people are deviants, you imply certain conduct and also describe them as different from other persons who conform (conventional) to socially acceptable norms. Thus, words used in labels and categories are not neutral-terms, neither are the terms ambiguous. Rather, every occurrence of a label or category is in itself a definition and a form of identification. Subsequently, it carries a meaning and in turn communicates that implication to others.

Cluster analysis or clustering is the task of classifying things, items or elements in such a way that objects (things, people, items) with similar characteristics (features) are in the same set (grouped together). Subsequently, categories represented items that are often clearly defined and in linguistic terms are mutually exclusive and/or collectively exhaustive. In several ways, an entity in a given classification belongs to a group, such as domesticated animals (cows, dogs, donkeys, cats, rabbits) or flowers (roses). In certain instances, the classification implies belonging unequivocally to one, and only one, of the proposed categories (girls / boys, males / females, woman / man). Clustering can also distinguish between categories (such as married /
unmarried) such that one may be male but married or unmarried just as one can be female but married or unmarried. However, it is this extended clustering that generates concept description for philosophical discourse among the generated categories. In many traditional societies, a girl or female was expected to be a virgin at marriage, a classification that was not extended to the boys and males. This implies varying degrees of fitness (marriage purity), for example, a woman who was unmarried and had children was accorded derogatory terms that may not have alluded to a male in the same category (lack of an equivalence). Thus, a married man with children could become an elder (elders were males) but a woman even if married essentially remained an outsider (stranger / foreigner since women were married into the family, clan or community. Thus, labelling and categorization are a process of grouping things based on social prototypes and this includes stereotypes. Subsequently, the conceptual labels and categories are not necessarily identical for similar or different people and cultures, or indeed, for every individual in the same culture. This is evident in Tables 1 and Table 2.

Part of our social and psychological world is meaning making of our world. The process of perception and interpretation of our world is a cognitive process. However, the meaning is articulated using words and other forms of art and symbols (pictures, drawings, songs and dances, proverbs and riddles, short stories and narratives, drama and poetry) that provide the meaning and forms of expression of what we attach to various objects (including people, things or elements of our world) and themes (beliefs, culture). Thus, words and art (and other forms of communication) have a meaning; words and their meaning have a content and context. In essence, words and art provide a label (characteristic / feature). Subsequently, we label and cluster items, things or objects into categories and this in turn form an essential component of our overall communication. This can be represented in a diagram as in Figure 1:

**Figure 1**  The Cognitive Process, Words, Labelling, Categorisation and Communication
Communication is a progressive process – it is sequential. The process of communication is a cognitive process and words and other forms of communication have a meaning (meaning has significance, connotation, importance and implications). Meanings are embedded and labelled and hence the clustering. Labelling includes relationships, stereotypes (such as inference and prediction), stigma and discrimination, clustering and categorisation into sets (units) such as male / female, young / old, employed / unemployed, black / white, healthy / sick, HIV Positive / HIV Negative, married / single and thus imply acceptance and /or rejection.

Labelling and categorisation are part of communication and co-exist in an overlapping relationship that can be represented as in Figure 2:

**Figure 2**   *Labelling and Categorisation in the Communication Process*

The cognitive process, words and meaning, labelling and categorisation is part of communication. Subsequently, we cluster objects or items into categories. For example, age and gender (young male - boy, young female –girl, older female –woman, older male – man). Thus gender is a fundamental component of the social order. Consequently gender for instance influences meaning, position, power, prestige and social privileges (*Table 2*). Thus cognition and meaning have obvious social-political-economic and psychological implications and are thus a
part of our communication process (Wango, 2008; Wango, In Press). But again, the standards in
the new world order are to describe personalities or human features as evident in classifications
such as the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric
Association, 1994) that describes mental disorders and not people.

In traditional societies, the process is much more complex and linked with context and content
that effectively becomes part of the communication and cultural systems (beliefs, perception and
may also assign prototype (read stereotypes)). The cognitive process and naming in turn
influences the social and psychological health and wellbeing of the client. In addition, it will
influence the counselling process and may partly explain why many people may not seek
counselling psychological services in traditional societies. This is because persons who feel
happy and contented are socially privileged and hence likely to also seek help in counselling,
while persons who are (highly) stigmatized (and thus unwanted / undervalued) will be unhappy
and stay away from help seeking. This can be demonstrated in *Table* 1

**Table 1**  *Labelling and Categorisation: Clusters and Clustering*

<table>
<thead>
<tr>
<th>Category</th>
<th>Stigmatised (Inappropriate, Irregular)</th>
<th>Prestigious (Privileged, Appropriate, Bestowed higher status)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/children</td>
<td>Childlessness</td>
<td>With child/ren</td>
</tr>
<tr>
<td>Disability</td>
<td>Person with disability</td>
<td>Regular</td>
</tr>
<tr>
<td></td>
<td>Parents with child/ren with disability</td>
<td>Parents with regular child/ren</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>Girl</td>
<td>Boy</td>
</tr>
<tr>
<td></td>
<td>Woman</td>
<td>Man</td>
</tr>
<tr>
<td>Mental health</td>
<td>Mental illness</td>
<td>Healthy</td>
</tr>
<tr>
<td></td>
<td>Psychologically disturbed</td>
<td>Psychologically well</td>
</tr>
<tr>
<td>Social status</td>
<td>Poor</td>
<td>Rich</td>
</tr>
<tr>
<td>Suicide</td>
<td>Attempted</td>
<td>Sober</td>
</tr>
<tr>
<td>Circumcision</td>
<td>Uncircumcised</td>
<td>Circumcised</td>
</tr>
<tr>
<td>Marital status</td>
<td>Unmarried</td>
<td>Married</td>
</tr>
<tr>
<td>Marriage union</td>
<td>Divorced / separated</td>
<td>Married</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>Gays and lesbians</td>
<td>Straight</td>
</tr>
<tr>
<td>Religion</td>
<td>None religious is cursed / outcast</td>
<td>Religion is applauded. Sacredness and assiduousness to God was automatic, not negotiable</td>
</tr>
</tbody>
</table>
The above phenomenon could partly explain why certain groups of people may be unwilling to seek help (since they are either accorded low status by society leading to low self esteem, or they feel too highly of self that they ‘do not need help’, or ‘cannot seek help anyway’), while yet others may still be willing to seek assistance when in need of help (high positive regard of self, confident and high self concept). In addition, it may explain why certain people or groups of people may feel powerful and privileged (held in high esteem), while others may feel downtrodden (stigmatised hence ostracized) by society.

Help-seeking in counselling psychological services is highly linked with labelling and categorisation. For instance, males may be socialized that a man does not have problems since they are expected to cope with any eventuality (rites of passage such as circumcision and induction associated with masculinity, manhood and manliness). It is therefore possible that males in serious situational difficulties may convince themselves that they do not have problems (even when the facts may be too glaring such as a man who is a drunkard, facing problems at work place, family issues, irresponsible and homeless). In the same way, persons who are held with lower prestige and therefore have a low self-esteem may not seek counselling services since they are already set apart from others such as the following: persons with psychological illness and others who appear disturbed were looked down upon; persons who are HIV Positive; a teenage girl who is pregnant while in school; a person who is depressed or contemplating suicide; a person who is divorced or separated; and, as already stated the following were highly detested by society: those who were not circumcised, not married, could not marry, could not have children, were divorced or separated, persons with disability. For counselling psychology in the developing world, these are areas of concern that should be investigated further.

Ultimately, some objects, items or elements including people may fail to be categorized. This is called miscategorization. Miscategorization can be a logical fallacy in which diverse and dissimilar objects, concepts, entities are grouped together based upon illogical common denominators, or common denominators that virtually any concept, object or entity have in common. For example, over-categorization of concepts, objects or entities, and then miscategorization based upon over-similar variables that virtually all things have in common. This explains the trend in gender, disability and other social categorisations.
Psychology of Communication: Labelling and Categorisation in Philosophical Discourse

A major way in which labelling and categorisation can enter philosophical discourse is through examples (Tables 1 and 2). That way, we can identify stereotypes, interpret perceptions and describe their presuppositions in context and thus identify the content. This is because examples may also manifest bias in several ways: (1) By classifying people in a category (for example, male or female, black or white); (2) Through embodying explicit or implicit labels or stereotypes (for example, your perception of female / males, black/ white, rich / poor); (3) Through adopting our perspective (short people are …, tall people are ..); and, (4) By perpetuating the stereotype and outlining certain features as predominant (juvenile delinquents are..). Thus, labelling makes certain persons visible, while others invisible including in philosophical discourse.

Consider the following variables in counselling psychology and their implications in therapeutic practice:

(a) Gender. In a predominant patriarchal society, the gender of the person (boy / girl, female / male) will have various implications. There are several of these including variations in life expectancy and HIV / AIDS statistics particularly in developing countries.

(b) Age. Different people will react differently about age, and depending on their gender and the agenda. As a start, it might be easier in research to place people in age brackets of between 5 - 10 years so that a majority are comfortable to reveal their age bracket. People in traditional societies will be concerned that they are getting too old and yet unmarried or without a child! This may cause psychological disturbance.

(c) Children. Whether one has a child, how many and the sex of the child have societal overtones and therapeutic implications (highly intensive for some and not others).

(d) HIV and other illnesses. Illness in many societies is still highly misunderstood, often interpreted as imminent death. People who are psychologically disturbed are misunderstood and may be thought of as bewitched. This is more imminent with the HIV epidemic, cancer and other terminal illnesses. In my experience particularly with males, many are very sceptical about going to hospital for medical tests for fear of illness and many tell me ‘it is better when you do not know’.

(e) Sexual self. Sexual preference (same sex relationship, heterosexuality, homosexuality, lesbianism, bisexual) is becoming an important part of research including in counselling
psychology even in developing countries, though persons in same sex relationship may still be highly stigmatised.

(f) Marital status. The marital status (married, divorced, separated, single) has various implications on different people. Some people attach social status and other negative connotations to marriage or lack of it, especially in traditional societies where people want to conform to the ‘norm’.

(g) Disability. Many parents with children with disability are also traumatised, especially by the stigmatisation. Such a parent is likely to be psychologically disturbed, especially the female in traditional societies where the women are blamed for the ‘mishaps’ in the child/ren. In schools and other social places, children with disability are often left out in play and academic work, and cannot access various public places and facilities including in colleges and places of worship.

(h) Religion. As already mentioned, religion (the sacred and secular) in traditional societies was intertwined with daily living (Mbiti, 1969). Most people will therefore ascribe to a religion (traditional, Christian, Islam or any other). In addition, some will give a testimony to affirm their conviction.

(i) Imprisonment. That one has served a prison term or has been confined will be labelled a criminal. Many people who come out of prison in traditional societies appear misplaced and often lack a fair chance to restart their lives anew.

(j) Ethnicity / race. Ethnic and racialism are some of the common labels that are also found in official documents. Ethnic and racial animosity may lead to inter-ethnic violence and people of one group may be victims of violence by another. This is traumatising especially to children who have grown up playing and living together with members of both groups. Other people may be displaced from their homes. Ethnicity is important in peace and reconciliation among different groups.

Labelling and other classifications turned into categorization require systematic review as they describe and/or ascribe a reference group. The personality characteristics in that reference group includes their values, sexual behaviour and way of life and therefore have meaning entities to the individual, others and in society; it becomes an identity, a label and attached to it is behaviour, emotions and status. In traditional societies, the labelling and categorisation (Table 1) can be
interpreted in gender terms. The clustering in terms of gender is likely to highlight the prominence in labelling and categorisation as gender has certain (definite) connotations and hence the characteristics of a category reveal much broader perspectives as in Table 2:

**Table 2  Labelling, Categorisation and Gender**

<table>
<thead>
<tr>
<th>Category</th>
<th>Gender</th>
<th>Description (Characteristics)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/ren</td>
<td>Females</td>
<td>Girls and females were held with less prestige than males. It is like they are the default.</td>
</tr>
<tr>
<td></td>
<td>Males</td>
<td>Boys and males are considered more important</td>
</tr>
<tr>
<td>Childlessness</td>
<td>Females</td>
<td>Often blamed for lack of child/ren, highly stigmatised</td>
</tr>
<tr>
<td></td>
<td>Males</td>
<td>Somehow excluded, assumed to be alright</td>
</tr>
<tr>
<td>Disability</td>
<td>Females</td>
<td>A girl female with disability is most unlikely to be taken to school and get married</td>
</tr>
<tr>
<td></td>
<td>Males</td>
<td>A boy / male with disability is most likely to be taken to school and parents strive to get him a wife to marry</td>
</tr>
<tr>
<td>Divorced / Separated</td>
<td>Females</td>
<td>Blamed for failure in marriage</td>
</tr>
<tr>
<td></td>
<td>Males</td>
<td>Assumed to clear way for another marriage</td>
</tr>
<tr>
<td>HIV and AIDS status</td>
<td>Female</td>
<td>Assumed to be immoral</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>Assumed to be part of maleness</td>
</tr>
<tr>
<td>Mental illness and psychological disturbance</td>
<td>Female / male</td>
<td>Persons with mental illness and psychological disturbance were looked down upon and ostracised by society. In many traditional societies, it was seen as a punishment from the gods for wrong done</td>
</tr>
<tr>
<td>Suicide</td>
<td>Female</td>
<td>Suicide is an abomination in many traditional societies and in many communities, a cleansing ceremony had to be conducted to cleanse the family / clan / community and the land</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Uncircumcised</td>
<td>Female / Males</td>
<td>Girls and boys who were not circumcised were held in low esteem, untouchables, outcasts and could not be married or marry</td>
</tr>
<tr>
<td>Marriage and family conceptualization</td>
<td>Female</td>
<td>Girls and women who had a child before marriage were perceived as immoral and could not be married. Girls were expected to be a virgin at marriage to demonstrate purity.</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>Boys and males who had a child outside marriage were fined. In some communities, they were forced to marry the girl. There was no condition of virginity at marriage for males.</td>
</tr>
</tbody>
</table>

Categories may clearly define mutually inclusive and mutually exclusive sets though labelling may be a fallacy based on illogical conclusions. That way, categorization is not clustering of data but grouping based on prototypes and also an embodiment of certain values and norms based on
a people’s experience. A greater part of the traditional society is essentially whether the label is acceptable (unacceptable, pejorative), appropriate (inappropriate, derogatory), whether it is esteemed or at odds with society. Additionally, research studies will identify specific theoretical, practical and professional perspectives. These taxonomies therefore have meaning, some more pronounced while others are salient features and will in turn influence what is the norm, abnormal behaviour and enable identify causes and effects of psychological disturbance.

The effects of being labelled and categorised are numerous and will inevitably affect the extent to which people seek help in the more traditional societies (Cohen & Lefebvre, 2005; Griffiths, 1997; Yeh, McCabe, Hough, Dupuis & Hazen, 2003; Wango, In Press). Primarily in my own viewpoint, three essential aspects stand out. Firstly, what is the label (negative (derogatory, belittling) connotation or positive (bestows status))? Secondly, what does the label imply (self concept, social identification, psychological implications? Three, who is labelling (individual or society / community)? This is because labelling has a categorisation and an effect on the clustering; what does it mean? A person may take up a status or is stigmatised. Additionally, the categorisation can affect a person to behave in the way they are defined. For example, males and females will adopt masculine and feminine characteristics to conform to their gender. If the society viewpoint is that males are aggressive and females are humble, girls and boys will tend to adopt such prescribed features. Studies on labelling will therefore investigate if the category bestows status and prestige, or if deprives it. This means that if the labelling and categorisations are appropriate (or inappropriate), the person has a sense of identity (or lack of it). This also can have a high and prestigious status. Similarly, the opposite is true and a person who is negatively labelled will have a low status and tend to feel marginalised and this affects their self concept.

Therapists and other persons in the helping profession must be aware of their culture including their predisposed attitudes and beliefs regarding several aspects such as sex, gender, culture, religion and other social settings. This includes aspects of culture in various societies as well as cross-cultural counselling (Kenyatta, 1966; Mbiti, 1969; Pescosolido, 1992; Vega, Kolody, Aguilar-Gaxiola & Catalano, 1999). This is because clients will tend to (better and in many ways) identify, assimilate and deal with related transference issues in the therapeutic relationship. In ethical terms, it is vital that the helper upholds the autonomy of the client while
at the same time offering assistance. It is inevitable that there will be social-economic-cultural characteristics in counselling psychological services in the more traditional traditions. These include language, beliefs, religion and social stigma, and these in turn will influence the psychological characteristics in help seeking (including client-counsellor relationship, and sometimes the issue that brings client for therapy).

In addition, we need to investigate in greater detail other aspects of mental illness, counselling, psychiatry, psychology and psychotherapy such as language, confidentiality and disclosure, belief and religious systems and how they influence help seeking among various societies in the more traditional societies. For example, investigations into the role of language ability in accessing care have led to the finding that greater English language proficiency is associated with increased help seeking (Delgado et al., 2006; Vega et al., 1999), yet many ethnic groups and their languages in Kenya and other societies may not have an equivalent for therapy, counselling, psychiatry, psychotherapy and psychology. Yet it does not mean that such social services and support systems were none existent since communities guided and counselled their members in various ways. Instead, the available words may translate to a range of services that includes guidance, coaching, counselling, entrepreneurship, family upbringing and mentorship. Also, there was a lot of misunderstanding of mental illness and psychological disturbance, in traditional societies, some of which exist up-t-date, thereby highlighting a need for a more professional approach to helping. Religious and cultural values, medicine, information and technological advancement might also be important in determining the type of help people seek, approaches as well as final outcome of therapy (Wango, In Press).

**Conclusion**

Labelling and categorisation can pin down individuals or social groups. This is because clustering accords social and psychological meaning to an individual or group of people, Professional counselling psychological services must accept content in the context of international and national conventions and legislation. Subsequently, practitioners may not and will not label or categorise people into any pre-determined clustering. Yet the labelling and categorisation is almost done by the time the client seeks therapy. This is because of the following: (1) the client will be of a particular gender, age, ethnicity / race, religion, culture and
other social aspects; (2) the history of the client will reveal additional information such as married or unmarried, has certain issues (suicidal, depressed, addiction problems) and other details; and, (3) the counsellor himself or herself will identify with most if not all of the clustering. For example, a counsellor who has a client with sexuality issues must be aware of their sexual orientation as well as any bias.

Overall, counselling is a profession that must adhere to standard guidelines (Bojuwoye, 1992; British Association for Counselling, 1991; Corey, 2005). In a global context, counselling must be attuned to increasing human rights and the need to uphold justice, especially for the marginalized and vulnerable groups such as children, girls and women, refugees, persons with special needs and the aged whose fundamental civil liberties must be applauded and upheld. Counselling as a profession in turn has to contend with the growing formalised legal environment such as the enactment of a new Constitution in Kenya (Republic of Kenya, 2010; Wango, 2011).) This too must see an enhanced move towards policies clearly aligned to national and international goals that will have significant operational strategies with renewed meanings.

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Declaration of Interest
The author declares no conflicts of interest with respect to the authorship and/or publication of this article.

Note
I fully acknowledge with reverence that all societies have long established traditions. In this paper, traditions include customs, habits, beliefs and rituals including religion. The term ‘traditional’ may imply the systems, viewpoints and beliefs of a society before the emergence of industrialization, modernization, scientific and technological development as opposed to the more modern, industrialized and scientific community. Traditional also refers to the social cultural practices that leans more on the habitual and customary practices. This does not mean
that the traditions are immoral or dreadful nor does this paper castigate them. Inevitable too, all societies are in transition and this includes the presumably more traditional societies. A more elaborate presentation is found in my discussion paper on Background and Historical Development of Guidance and Counselling Psychological Services in Kenya and Wango (In Press) in which I have discussed most of the issues in greater detail.

References


