



DILEMMAS AND ETHICAL ISSUES FACED BY COUNSELLORS PRACTICING IN RURAL AREAS IN KENYA

Author

Teresa Njonge 

Author's Email: tnjonge@yahoo.co.uk

Egerton University, Kenya

Cite this article in APA

Njonge, T. (2025). Dilemmas and ethical issues faced by counsellors practicing in rural areas in Kenya. *Journal of guidance and counselling*, 4(1), 65-74. <https://doi.org/10.51317/jgc.v4i1.788>



A publication of Editon Consortium Publishing (online)

Article history

Received: 13.06.2025

Accepted: 14.07.2025

Published: 14.08.2025

Scan this QR to read the paper online



Copyright: ©2025 by the author(s). This article is an Open Access article distributed under the terms and conditions of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License (CC BY-NC-SA 4.0).



ABSTRACT

The aim of this article is to determine dilemmas and ethical issues faced by counsellors practising in rural areas in Kenya. Counsellors practising in rural areas in Kenya face challenges that may seem unique in their efforts to practice ethically as trained and meet the needs of their clients and communities. A narrative review was conducted that identified a significant body of qualitative and theoretical literature that helped in highlighting the challenges faced by counsellors, as well as offering suggestions to minimise risks in their practice as they strive to practice ethical counselling that is most appropriate to the diverse rural area communities in Kenya. The study used face-to-face, on-site interviews with 10 Master's and 1 PhD graduates of guidance and counselling, practising in various parts of rural Kenya. The counsellors were interviewed by the researcher in Njoro, Naivasha, Kiambu and Lamurdiac. An open-ended questionnaire was also used; it was based on the research question and general themes that emerged from a review of the literature on ethical dilemmas of rural healthcare providers, especially in counselling. The challenges found include, but are not limited to, dealing with multiple relationships, working with limited resources, a lack of professional supervision and competency to deal with complex issues. They also experience isolation due to geographical location and professional isolation since they might be the only counsellors in the area. Kenya has diverse communities with different values and traditions. These challenges force the counsellors to continuously examine their own values in an attempt to balance their professional training, values and the reality on the ground.

Key terms: Challenges, dual relationship, ethics, professional boundaries, rural, remote.

1.0 INTRODUCTION

To be effective clinicians while concurrently partaking in community life, practitioners must develop and maintain safe, ethical, and sustainable therapeutic relationships in rural and remote healthcare. Most counsellors are faced with a variety of hard decisions in their attempt to practice ethically as professionals in their work with clients. Issues that have to do with ethical dilemmas and decision-making are more prevalent and compounded for counsellors practising in rural areas in Kenya. Prevailing standards in training, modern training, lack of ethical codes and regulations, which are usually developed and available in urban areas, are not available or applied in rural practice. It is presently unclear whether a distinct "rural code of ethics" of navigating professional challenges exists. Practising counselling in rural settings presents an intricate web of professional roles as described by Schank (2010), affecting professional boundaries. Some professional counsellors find themselves practising in rural areas, and although they have received training during their undergraduate or postgraduate studies in education on managing clients ethically, they are ill-prepared for the dilemmas and challenges they face on the ground.

As noted by Werth et al. (2010), mental health professionals in rural areas usually know the content of ethical codes but often struggle in choosing how to apply those codes in the best interest of clients. Rules that seem straightforward and absolute are often subject to interpretation when the practitioner is faced with a "real-life" dilemma (Woody, 1990). It is very unfortunate that the codes of ethics available are not specific in acknowledging the conflicting roles, nor do they offer guidelines on how to deal with conflicting roles in terms of balancing community expectations and professional practice.

The inability to address or deal with the various challenges counsellors may face in their practice in rural areas not only leaves the counsellors confused but also makes them feel lost and isolated. As a result, counsellors make therapeutic and intervention decisions regarding ethical and values issues intuitively and/or automatically. The counsellors, therefore, draw upon their internalised ethical stance, based on their personal values and knowledge gained in their training. Hoover et al. (2021) recognise this reality in their recommendation that mental health practitioners should reflect on the unique problem facing them, weigh the various factors and risks, and make the 'best' decision possible, and perhaps seek consultation in doing so.

2.0 LITERATURE REVIEW

It is apparent that practising in rural areas in Kenya has its unique and complex challenges. Conflict between what is expected of the counsellor and the ethics taught in training often comes to the fore (Rich, 1990). The smaller and more remote the community, the greater likelihood that there will be a blurring of clear professional boundaries (Halverson & Brownlee, 2010). The lived experiences of rural and remote healthcare practitioners are often vastly different from those of their urban colleagues. Where urban clinicians usually reside in geographically and culturally distinct worlds from those of their patients, rural therapists share the same roads, churches, schools, shops, and other services with those they treat (Cook & Hoas, 2019). Counsellors practising in rural areas

operate in a situation where overlapping relationships are inevitable, expected, and often valued (Campbell & Gordon, 2003).

In most cases, the available professional codes and guidelines are very general and therefore tend to place the rural counsellors in opposition to prevailing rural community standards. Even though it has been pointed out by several authors that counsellors may sometimes rely on less formal decision-making rules, there is still a consensus that formal ethical principles should be considered. If the counsellors possess a clear understanding of the relevant ethical rules and principles, they will be more able and more likely to apply those principles in dealing with situations in the rural areas that do not have straightforward answers.

The reality is that counsellors in these communities have to apply both internal and formal, external standards as guides to their practice. The fact that the distances in Kenya are so vast means that meeting with colleagues is impossible at times; a poor network is also a problem in some areas, hindering communication. Therefore, the counsellors are not able to gauge how their decision-making compares to that of colleagues in similar circumstances, even within the same geographical area. Opportunities for counsellors to openly discuss and address the challenges they go through in discharging their duties in the rural areas are very few.

Rural counselling professionals are reluctant to share their ethical struggles and dilemmas out of fear of sanction from regulating bodies and criticism from their urban colleagues. One of the most frequent of these dilemmas is the existence of multiple or overlapping relationships between counsellors, their clients, and others in the small communities in which the counsellors live and practice. These relationships may be either concurrent or consecutive (Allen et al., 2020). The American Psychological Association (2017) defines dual relationships as a multiple relationship that occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person. In a rural setting, multiple relationships can interfere with counselling in several ways. A primary objective for rural and other small-community practitioners is to keep the needs of clients foremost and to be vigilant in situations that could impair the practitioner's objectivity.

Although it may look like multiple-relationship dilemmas are the most prevailing and frequently recognised as a concern in rural counselling practice in Kenya, there are several other areas of concern that have emerged, which include: lack of enough resources, geographical or professional isolation, community expectations and values and collaboration with other agencies. In each of these areas, rural counsellors in Kenya have encountered the inherent limitations of their professional ethics codes. Having to face these challenges does not necessarily mean that they are unethical in their practice or that they are less competent.

On the contrary, practising in rural Kenya has enabled drawing the much-needed attention to the glaring gaps in the available professional codes in Kenya and propelled healthy discussions that may lead to counsellors benefiting from a change of codes of ethics. The struggles in making ethical decisions experienced by counsellors in rural Kenya serve to demonstrate the fact that ethics need to be much more than just observing the codes. Ethical considerations need to be dynamic in order to be of benefit to both the clients and counsellors. To do otherwise would be what Pope and Vasquez (1991) identified as mindless following, a poor substitute for a more thoughtful and concerned approach.

It is impossible for counsellors working in rural areas in Kenya to avoid overlapping or even blending roles. The attempt to separate roles may lead to a lack of clients or isolation from the community. Helbok (2003) and Rich (1990) observed that counsellors in rural Kenya need to be open to play multiple roles. This scenario is very different from that faced by their counterparts practising in urban cities, who work from modern offices, have privacy, communication, including transport, and their clients come from diverse communities with different values and expectations. This way of dealing with clients is what Rich (1990) describes as a compartmentalised relationship. It is imperative that all understand the ethical challenges faced by counsellors in rural Kenya, not only for upcoming counsellors, but also for their colleagues operating in more favourable settings, accreditation bodies and the government of Kenya. What themes are featured in the literature in relation to dilemmas and ethical challenges in rural practice in Kenya? The following sections are an attempt to discuss a few of the frequently encountered challenges.

3.0 METHODOLOGY

The study, which was carried out, involved face-to-face, on-site interviews with 10 Master's and 1 PhD graduates of Guidance and Counselling, practising in various parts of rural Kenya, providing a snapshot of what is happening in those areas. The counsellors were interviewed by the researcher in Njoro, Naivasha, Kiambu and Lamurdiac. The counsellors were visited in their workstations and were subjected to a questionnaire which had open-ended questions. The questionnaire was based on the research question and was also based on general themes that emerged from an extensive review of the literature on ethical dilemmas of rural healthcare providers, especially in counselling. The most frequent of these themes included: multiple or overlapping relationships, lack of or limited resources, geographic distances and professional isolation, community expectations and values, and networking/collaboration with other stakeholders.

4.0 FINDINGS AND DISCUSSION

Ethical Dilemmas

Multiple or Overlapping Relationships

According to Campbell and Gordon (2003), in rural environments, it is almost inevitable that a mental health practitioner's everyday relationships will cross over with their practice. These relationships may range from the incidental, such as being served in the shop by a patient, to the more involved, such as engaging patients to undertake work or having a friend seek treatment

(Cleret, 2005). While the continued importance of prohibiting dual sexual relationships should be a forgone conclusion in the ethical practice of psychology, nonsexual overlapping relationships are not a matter of "if as much as "when" in small-community practice (Barnett & Yutrzenka, 1995).

For example, counsellors working in the selected areas of study live in the communities in which they practice their counselling. This implies that, as such, social or other nonprofessional contacts outside a primary professional relationship are not only inevitable but imminent (Barbopoulos & Clark, 2003). Professional contacts, such as frequenting the shopping centres, attending church, meeting on the roads, living together in the same estate, etc., may occur between counsellors and current, past, or potential clients. The reality of overlapping social relationships. Simultaneous or overlapping social relationships can occur in a variety of settings: church, parties and social gatherings, cultural activities, school events, and volunteer activities. The following quotes are illustrative of these overlapping social roles:

Participant 2:

"I am the chairman of my local church; we move from one house to another for prayers every week. It is very hard for me to separate my role as a counsellor and a leader in the church. Sometimes I know too much about a church member, but when it comes to prayers, if I must go to their house, I find myself confused. It is hard to know what to do".

When a counsellor is faced with the dilemmas as cited by participant 1, it is important that these issues are addressed even before the start of therapy, so that the client understands the limitations of the counsellor. The likelihood of meeting each other outside therapy is real, and therefore, how they will behave towards each other on such occasions needs to be addressed. Having an honest discussion with a client can help iron out the overlapping relationships and the importance of each staying in their role. In rural areas, it is very likely that the counsellor will also encounter their clients in such situations as shopping or the marketplace. They might even own a business or grow vegetables that they need to sell. The following is an excerpt from a participant:

Participant 6:

"I sell eggs and milk to the people in the village, I don't choose who will come to buy my products. I just maintain my business attitude with everyone who come to buy. When a client comes, I strictly stick to business. Some want to discuss their issues outside the counselling session, I just pretend I am busy".

It may be nearly impossible to avoid business interactions with clients in local stores, but it would be very unwise to enter a business partnership with a client or a client's family (Schank & Skovholt, 1997)

Lack of Resources

Counsellors working in rural areas are sometimes put in a position of deciding on their own how far they can stretch their own levels of competence in an attempt to meet the needs of their clients and yet remain within the guidelines of practising the profession (Van Hesteren & Pawlovich, 1989).

Many operate in areas where furthering their education requires travelling to the nearest city, which could be miles away. With the changing world and emerging issues, some counsellors may lack specialisation in dealing with certain clients.

Participant 6:

"When I worked for the Red Cross, I felt lost. It was my first time to deal with loss and grief. I was traumatised, but the people needed help. I had to learn on the job since it was my first encounter with such a situation. What you learn in class is different from what you actually encounter on the ground".

Counsellors working in the areas under study report having experienced uncertainty, pressure from the community, and also putting themselves under stress to please their clients. Some reported feeling overwhelmed. They reported having to teach themselves some skills or using their intuition. YouTube was found to be very helpful to some. Others resorted to calling their former classmates or lecturers for help.

Participant 10

Had this to say:

"I encountered a client who was known to me, I knew her issues very well. I had suffered a similar fate myself. I did not know what to do or tell her. I lied to her at first that i was unwell and could not meet her that day. Two days later, I repeated the same story. Unfortunately, she had met with another client coming out of my office. She confronted me and i had to call my former lecturer who advised me to be honest with her and discuss on referring her. She refused referral because the other counsellor lives very far. I decided to go for help myself to enable me deal with her".

Geographic Distances and Professional Isolation

A Participant reported that her clients come from very far since the area is sparsely populated. She had to move her office to a nearby shopping centre for easier access. She narrated that this created more problems for her since she had to take two means of transport to get to and from work every day. Lack of transport was also cited by some participants as a hindrance to counselling.

Participant 9

"I feel frustrated. I use a lot of money to come to work and sometimes I see no client. Even the ones I see cannot pay for my fare. They also claim they have to travel a long distance to see me. I am thinking of relocating to Nakuru town. I will have more client there and possibly more money. Otherwise since i do not have a car, I may have to buy a motobike".

Community Expectations and Values

Some participants reported having to work in areas where they don't come from. The clients and community had difficulties in understanding counselling. The community does not value education much. Conflicting interests and values can cause a dilemma.

Another participant had this to say;

Participant 5

"I feel like I choose the wrong career, people here do not understand this profession. They think counselling is just talking. They don't seem to value it. I have to do a lot of sensitisation. I envy my colleagues in other areas. I rarely meet them but when we meet, I find sharing my problems with them helpful, although they don't seem to really understand what I am talking about. I wish we could have a seminar where we can share ideas. I also find it difficult to deal with some clients, especially those from schools. Teachers send learners here and then expect me to narrate everything that I have been told by the learners back to them. They don't understand confidentiality. When I tell them I cannot, they think I am colluding with the learners and stop sending them to me".

These excerpts serve to enlighten us on the various ethical challenges being faced by the counsellors in rural areas in Kenya, calling for understanding and coming up with intervention measures to help them improve their conditions.

Networking/Collaboration with Other Stakeholders

Counsellors have much to offer and benefit from working with other professions in the service of their clients. According to Van Dam (2025), interprofessional collaboration (IPC) among the health professions is recognised as a vital component of efficient health systems and comprehensive healthcare teams. Interprofessional education for collaborative practice (IPECP) is foundational for health professional students to gain an understanding of professional roles, responsibilities, and the value of other professions to patient care. Counsellors working in rural areas have limited collaboration with other stakeholders in caring for their clients, as participant 4 observed.

Participant 4

"You find yourself alone here. The only group we can network with is the people in the parish. The children's office is in Nakuru town, the other bodies only come here when there is a function and then you don't see them again. However, the local dispensary has been very good. I wish we could have more of such. When I refer clients there, they are treated well".

The statements clearly show the limitations of collaborative services in some of the rural areas in Kenya. More networking could improve clients' welfare and minimise the use of resources.

Implications of the Findings

This article has addressed key issues that have implications for counsellors working in rural areas in Kenya. It is apparent that they were not prepared for the challenges they face in their training. It is important to carry out more extensive studies across the country to dig deeper into the ethical dilemmas and challenges being experienced by counsellors working in rural Kenya. Having discussions with different stakeholders will highlight and also facilitate discussions in which the risk of censure or misunderstanding is minimised. The revision and inclusion of rural community practice in counsellor training programs and opportunities for further training, along with addressing emerging rural issues relevant to the profession.

Although the cautions for entering dual relationships are for the benefit of clients, rather than to protect ourselves from censure (Herlihy & Corey, 2015), they also pose risks for the counselling professional. From this angle, several steps that a counselling professional in rural Kenya can take to safeguard themselves include:

- Acquaint themselves with the available codes of regulations. Recognise the need to keep updating themselves and the fact that the codes by themselves are not sufficient. While codes provide guidelines, they cannot cover all the dilemmas that counsellors will likely face, especially within the complexity of rural practice in Kenya. They need to be alive to the fact that they need to apply the codes, but also be in a position to make ethical decisions, case by case, based on the challenges encountered.
- Knowledge of the Kenyan constitution and other relevant laws is imperative. They need to keep abreast with what is happening in the whole country and in the rest of the world.
- It is important that the client is informed about their treatment plan and any ethical dilemmas that may be foreseen. The client needs to give written consent. Comprehensive case notes are very important to keep. The need to indicate the process of counselling, theories to be applied, any interventions to be undertaken and reasons for the choice. Document any areas of conflict, like dual relationships, if they might be any reason to refer or any areas the counsellor is unable to deal with due to professional incompetence.
- Clients should be involved in decision-making regarding their treatment. Discuss and make the clients aware of the implications of any overlapping relationships, whether they are social or otherwise. The client can also be informed of the counsellor's areas of competency or specialisation. Gender and cultural issues can also be discussed openly before the commencement of therapy. The client, together with the counsellor, can look at other options available before engaging in a working relationship. Document all of the interactions and decisions made in the case notes.
- If there is a likelihood of out-of-therapy contacts, this should be discussed openly, and clear boundaries should be set with clients about the inappropriateness of discussing therapy when you meet each other outside the therapy site.
- Consider the presenting problems and how that might affect your training or the dual relationship with the client. This is important, especially where options of referral are nonexistent.
- Discuss the counselling relationship with the client. Set clear expectations for both client and counsellor. There is a need to be clear about the boundaries of the professional relationship and ways that personal interaction could be affected by either of the roles each of you has in the community.
- Confidentiality is a very sensitive issue in counselling. It can raise concerns when not handled properly, especially in rural areas where interaction with clients and community members is free. A discussion on the limits of confidentiality with clients at the beginning of counselling and addressing the difference between confidentiality and privacy may be very helpful. Clients need to know that the counsellor can keep confidentiality.

- Personal knowledge and a personal development plan are important for the counsellor working in rural areas in Kenya. Lack of awareness can impact negatively on the client and the community, affecting their perceptions of the profession (Barnett & Yutrzenka, 1995).
- As part of personal development, participate in ongoing supervision even though it might be costly, collaborate and build networks with other stakeholders. Attend conferences, read widely, and, where possible, have peer supervision. Get supervision when in doubt or when relationships with clients become blurred. The supervisor should know about any arising ethical issues or dilemmas.
- Keep to the contract and end the sessions as agreed. There is a temptation to keep going or extend the relationship beyond the stipulated period if the boundaries are not observed.

5.0 CONCLUSION AND RECOMMENDATIONS

Conclusion: This study has served to highlight the fact that counselling in rural areas in Kenya is fluid and uncertain. There is a need to continually revise and assess the training modules and programs being offered in our colleges in an endeavour to keep highlighting the importance of ethics and ethical dilemmas being faced by counsellors, especially those serving in rural areas. Carrying out a study among the counsellors serving in the targeted areas has been very helpful in highlighting their plight. To avoid isolating rural areas, counsellors in Kenya, conferences and symposia need to be held not only in the cities, but also in the rural areas. Their voices should be heard by all concerned.

Recommendations: The awareness of the difficulties being experienced by rural practitioners and the difficulties they have in observing the codes of ethics in regard to keeping boundaries should encourage the government of Kenya and the Commission for University education and all education stakeholders to come together and put in place all mechanisms required to support counselling services at the grassroots by protecting the service providers. More attention can be paid to rural area counsellors by offering employment, supervision, and funds to equip their offices. This will boost their morale and place them on an equal footing with their other colleagues operating in more favourable environments. This ultimately will benefit the clients being served and increase psychological well-being.

6.0 REFERENCES

1. Allen, T., Grier-Reed, T., & Maples, A. (2020). On the frontier: Exploring rural psychologist practice in integrated behavioral health care. *Journal of Rural Mental Health, 44*(2), 106–117. <https://doi.org/10.1037/rmh0000132>
2. American Psychological Association (2017). Ethical principles of psychologists and code of conduct (2002, amended effective June 1, 2010, and January 1, 2017). Retrieved from <https://www.apa.org/ethics/code/index.aspx>
3. Barbopoulos, A., & Clark, J. M. (2003). Practising psychology in rural settings: Issues and guidelines. *Canadian Psychology/ Psychologie canadienne, 44*(4), 410–424. <https://doi.org/10.1037/h0086962>

4. Barnett, J. E., & Yutrzenka, B. A. (1995). Nonsexual dual relationships in professional practice, with special Counselling & Development, 67, 217-21.
5. Campbell, C. D., & Gordon, M. C. (2003). Acknowledging the inevitable: Understanding multiple relationships in rural practice. *Professional Psychology: Research and Practice, 34*(4), 430–434. <https://doi.org/10.1037/0735-7028.34.4.430>
6. Cleret, M. (2005). But it's different in this case—Is there a case for multi-role relationships. *Psychotherapy in Australia, 12*(1), 48–52.
7. Cook, A. F. & Hoas, H. (2019). Exploring the practical meaning of clinical ethics when providing healthcare in rural and frontier settings: Appreciating what matters. In *Narrative Inquiry in Bioethics Vol. 9* (PP.127–132). Johns Hopkins University Press.
8. Halverson, G., & Brownlee, K. (2010). Managing ethical considerations around dual relationships in small rural and remote Canadian communities. *International Social Work, 53*(2), 247–260. 10.1177/0020872809355386
9. Helbok, C. M. (2003). The practice of psychology in rural communities. *Ethics and Behaviour, 13*(4), 367–384.
10. Herlihy, B., & Corey, G. (2015). *Boundary issues in counselling: Multiple roles and responsibilities* (3rd ed.). American Counselling Association.
11. Hoover-Thompson, A., Bogle, B. C., & Werth, J. L., Jr. (2021). Common ethical issues associated with psychotherapy in rural areas. In M. Trachsel, J. Gaab, N. Biller-Andorno (Eds.) & Ş. Tekin & J. Z. Sadler (Ed.), *The Oxford handbook of psychotherapy ethics* (pp. 722–730). Oxford University Press.
12. Pope, K. S., & Vasquez, M. J. T. (1991). *Ethics in psychotherapy and counseling: A practical guide for psychologists*. Jossey-Bass.
13. Rich, R. O. (1990). The American rural metaphor: Myths and realities in rural practice. *Human Services in the Rural Environment, 14*, 31–34.
14. Schank, J. A. (2010). *Ethical Dilemmas of Rural and Small-Community Psychologists*. Unpublished doctoral dissertation, University of Minnesota.
15. Van Dam L. (2025). What about us? A call to include oral health professions within interprofessional education for collaborative practice. *Educ Prim Care, 36*(3), 68-71. 10.1080/14739879.2024.2420191
16. Van Hesteren, F., & Pawlovich, W. (1989). A Canadian Guidance and Counselling Association position paper for the provision of counselling services. *Canadian Journal of Counselling, 23*(2), 184–193.
17. Werth, J. L., Hastings, S. L. & Riding-Malon, R. (2010). Ethical challenges of practising in rural areas. *Journal of Clinical Psychology: In Session, 66*(5), 537–548.
18. Woody, J. D. (1990). Resolving ethical concerns in clinical practice: Toward a pragmatic model. *Journal of Marital and Family Therapy, 16*, 13.