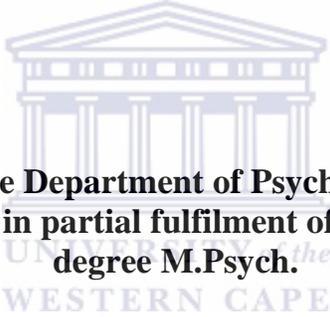


**EXPLORING ATTITUDES OF UNIVERSITY STUDENTS TOWARDS
SEEKING PSYCHOLOGICAL COUNSELLING**

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**Thesis submitted to the Department of Psychology, University of the
Western Cape, Bellville in partial fulfilment of the requirements for the
degree M.Psych.**

2009

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ABSTRACT

Student counselling services, typically located within a holistic developmental approach, aim to render comprehensive student services to service users in relation to their psychological, social, educational and spiritual well-being. However, a number of cognitive and affective barriers reportedly reduce the likelihood of young people at universities seeking professional psychological help for personal-emotional problems. Accordingly, the aim of this study, which is located within the Theory of Reasoned Action, was to explore students' attitudes towards utilising student counselling services, as well as their interpretations of the influence of age, gender and education on their attitudes and self-rated knowledge regarding seeking psychological help. The study thereby attempts to provide an understanding of the factors that influence help-seeking behaviours in university students. The research sample consisted of twenty nine students from the Cape Peninsula University of Technology. The data was collected through focus group discussions, which were conducted using an open-ended and participant-centred approach to the discussion. The qualitative approach of the study was informed by the theory of social phenomenology. Data gathered from the focus group discussions was thematically analysed. The results suggest that attitudes have a potentially important influence on intentions to seek out psychological counselling. Findings show that students feel shame and guilt when they are struggling psychologically and as a result avoid seeking psychological intervention for fear of being negatively stigmatised. The study revealed that education around mental health disorders and the management thereof was crucial in order for them to be demystified and de-stigmatised, and to facilitate openness in the sharing of these problems, and society's understanding and acceptance of people experiencing psychological disorders. Results also indicate that there is a shift taking place in these attitudes, and suggest ways in which this change can be further facilitated, such as the utilisation of peer helpers who could play a key role

in facilitating and reinforcing help seeking behaviour. The outcomes of the study may further contribute to informing universities' goal to provide accessible, quality and effective development and support services to its students.



DECLARATION

The author hereby declares that this whole thesis, unless specifically indicated to the contrary in the text, is her own original work.

MICHELLE LAWRENCE

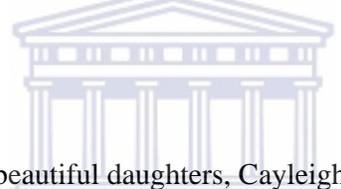


DEDICATION

To my husband,

Gary

and to my beautiful daughters, Cayleigh and Chelsea



UNIVERSITY *of the*
WESTERN CAPE

who have supported me

throughout this journey.

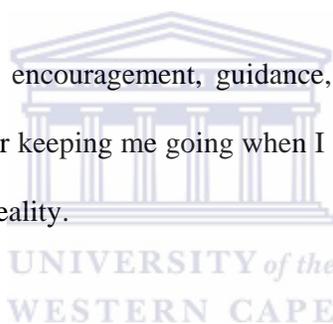
I love you.

ACKNOWLEDGMENTS

I would like to express my sincere appreciation and gratitude to the following people for their contribution to the completion of this work.

God for guiding me on this journey and for blessing me with the necessary skills in order to make this thesis a reality. Thank you for giving me the strength and perseverance during the “birthing pains” to see this process through.

Shahnaaz Suffla for her encouragement, guidance, gentleness, and open and honest feedback. Thank you for keeping me going when I felt despondent and for helping me to turn this thesis into a reality.



Umesh Bawa for his supervision and guidance with putting it all together.

To the young men and women who participated in the focus groups. Without your participation this thesis could not have been written. Thank you for giving up your time and for your honesty in sharing your experiences and perceptions.

God’s most generous and precious gift to me has been my family. They have shown me unconditional love and support and without them cheering me on, I could not have taken the first step toward the goal of becoming a psychologist. To my husband Gary, for all your love and support during this process, you are the wind beneath my wings. And to my daughters, Cayleigh and Chelsea, for constantly encouraging me to keep

going and not to give up. Thank you for your constant love and support. I love all of you with all my heart, all my soul and all my dreams, forever and ever.

To my mother Louise, my sister Hayley, and my brother Matthew who became my initial inspiration to take this journey. I appreciate all the gifts that you have given me during my shared journey with you and all the opportunities that I have had to learn about myself and the world around me. You will all always hold a very special place in my heart.

And to my mother-in-law Ethel, thank you for all the support you have given to both my family and me when time appeared to run away from me.

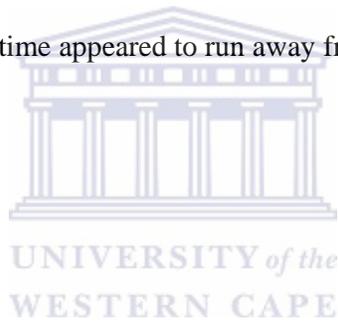
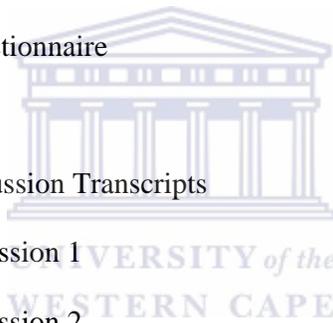


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CHAPTER 1

INTRODUCTION

Adolescence is widely defined as the time in life when the developing individual attains the skills and attributes necessary to become a productive adult. Nearly all cultures recognise a phase in life when society acknowledges these emerging capacities of young people. What varies considerably by culture and context is whether the passage from childhood to adulthood is a direct and short passage, or whether there is a prolonged adolescence marked by a choice of identities and roles. While most of the world's adolescents make it through the period with no major problems, even those adolescents who have no significant personal problems have normative stresses and needs for help, support and orientation associated with making the transition from childhood to adulthood (Barker, 2007). Research suggests that the normative tasks of adolescence are becoming more difficult in light of reduced social control by families, more varied opportunities (leading to greater confusion), increased individualism and declining importance of traditional cultural norms (Frydenberg, 1997).

The personal and social costs that result from untreated mental disorders are considerable. Direct financial costs include medical care and government disability payments. Indirect costs, such as lost employment, reduced productivity, criminal activity and vehicular accidents due to substance abuse, exacerbate the problem. Suicide, homelessness and the disruptive influence on family life are examples of human costs that are incurred. However, most mental disorders can be effectively treated or managed (Hugo, Boshoff, Traut, Zungu-Dirwayi & Stein, 2003).

In order to provide support to young adults during this transitional time and to assist them in managing life problems and stressors effectively, the student development and support agenda at tertiary institutions across South Africa, as well as internationally, has prioritised initiatives to improve the accessibility and efficiency of services availed to student populations. Against this backdrop, recent research on student services has focused on student attitudes and perceptions towards seeking support, as well as the factors that inhibit and facilitate help-seeking behaviours (Ferreira, 2002; Mackenzie, 2000).

Help-seeking is not simply a process of identifying need, deciding to seek help and carrying out that decision. At each of these decision points, factors intervene to prevent the progression of the help-seeking process. These include factors such as the need may not be identified; if identified, the need may not be translated into intention; and intention does not always lead to behaviour (Rickwood, Deane, Wilson & Ciarrochi, 2005). Three categories of explanations are typically invoked in order to explain why gaps exist between those who need psychological health services and those who receive them: practical barriers, professional barriers and personal barriers. With regard to accessing mental health services, Sawyer *et al.* (2000) reported that parents cited practical barriers such as the cost of services, uncertainty about where to get help, and long waiting lists. Donald, Dower, Lucke and Raphael (2000) found that young people reported the most common barrier to formal service utilisation as being the concern about confidentiality, followed by cost barriers and fear about what the service would do. In a study of Australian high school students' barriers to help-seeking, Wilson and Deane (2000) found that students emphasised the importance of fear, anxiety, shame and adolescent autonomy. Students also revealed that three important barriers to formal help-seeking related to beliefs that prior professional help had been of little use, limited knowledge about the help that professionals provide, and concerns about not having a

relationship with available professional help-providers. Additional barriers included concerns about trust and the breach of confidentiality.

A study by Hall (2001) suggests that there is an increasing demand for psychotherapy among ethnic populations. This was elaborated in Leong, Wagner and Tata's (1995) study where they concluded from a review of the literature that racial and ethnic minority groups differ in professional help-seeking attitudes (that is, attitudes for seeking professional help for emotional and psychological problems) despite a common need for mental health services. Factors that mediate racial and ethnic differences include preference for traditional and culturally-based healers and helpers, such as shamans¹, santeros² and ³ curanderos³ (Atkinson, Whiteley & Gim, 1990), the inappropriateness of disclosure to strangers (Leong *et al.*, 1995), level of psychological distress (Cepeda-Benito & Short, 1998), prior counselling experience (Solberg, Ritsma, Davis, Tata & Jolly, 1994), perceptions that mental health systems do not understand worldviews or cultural differences (Atkinson *et al.*, 1990), and stigmas associated with counselling (Leong *et al.*, 1995). In addition, acculturation, racial identity, ethnic identity (Austin, Carter & Vaux, 1990), and the assumption that counselling focuses on individual rather than environmental factors (Leong *et al.*, 1995) also influence professional help-seeking attitudes for racial and ethnic minority groups.

Accordingly, this study will investigate university students' attitudes towards seeking counselling at Student Counselling at the Cape Peninsula University of Technology (CPUT).

The terms "counselling", "psychological counselling", "psychotherapy" and "psychological

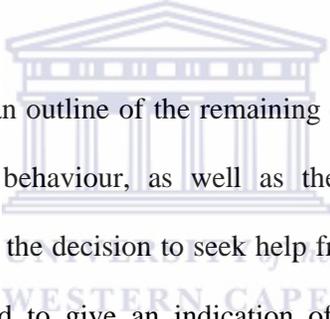
¹ A Shaman is a spiritual being with the ability to heal, work with energies and 'see' visions. The essential characteristics of shamans are mastery of energy and fire as a medium of transformation.

² Afro-Caribbean religious tradition derived from traditional beliefs of the Yoruba people of Nigeria. The Santería/Yoruba tradition comprises a hierarchical structure according to priesthood level and authority.

³ Usually respected members of the community, being highly religious and spiritual and use herbs and other natural remedies to cure illnesses, as well as the supernatural.

intervention” in this thesis will be used interchangeably and will refer to forms of help-seeking.

This study consequently sets out to consider why young people both seek help and refrain from doing so when they are in psychological distress, the factors that inhibit and facilitate help-seeking; and how student counselling services can support young people to access services to help with personal and emotional problems. In so doing, the research aims to contribute to the development of strategies directed at reducing help-seeking barriers and enhancing the accessibility of counselling services both at CPUT, as well as other universities in South Africa.



This chapter is concluded with an outline of the remaining chapters. Chapter Two examines the definition of help-seeking behaviour, as well as the difficulties that young adults experience once they have made the decision to seek help from student counselling services. Student counselling is explained to give an indication of what services are available to students both abroad, as well as locally at CPUT. The influence of practical barriers on use of counselling services is also explored, as well as the impact of psychological stress, culture and gender on help-seeking behaviour. This chapter concludes by exploring the chosen theoretical framework, namely the Theory of Reasoned Action, at some length.

Chapter Three will examine the methodology used in this study with specific reference to the aims of the study, participants, method of data collection, data gathering procedures, and data analysis. The chapter also considers the ethics pertinent to the study.

Chapter Four presents a report on participants' attitudes and perceptions as related to seeking psychological counselling from Student Counselling. This section identifies and explores the dominant themes that emerged from the focus group discussions.

Chapter Five is a concluding discussion of the findings of the study. It also explores the significance of the study, the limitations of the study, and recommendations for future research.



CHAPTER 2

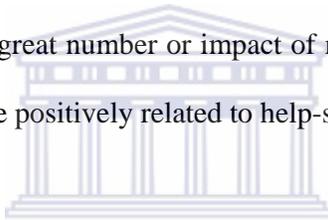
LITERATURE REVIEW

2.1 Introduction

This chapter will review some of the research and literature that has been published in the area of help-seeking behaviour with specific reference to students at universities. It will consider the definitions of help-seeking behaviour, the possible reasons that influence students' decision-making skills as to whether they will seek psychological counselling, as well as the difficulties that young adults in South Africa experience once they have made the decision to seek help from student counselling services. Student counselling services will be described to assist in understanding the dynamics involved in providing this service to students. Further, literature pertaining to the influence of practical barriers on mental health services, psychological stress and help-seeking behaviour will be examined, as well as other influences on help-seeking behaviour, such as culture and gender. This will be followed by an explanation of the Theory of Reasoned Action (TRA) within which the current study is located. The description will provide a theoretical understanding of factors involved in predicting behaviour and behaviour intention.

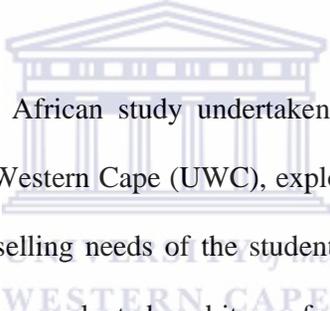
Many students entering college harbor maladjustment, emotional illness, or psychological distress which warrants mental health care (Offer & Spiro, 1987). Mental health care is very likely to benefit those who seek it (Tracey, Keitel & Sherry, 1986). However, probably fewer than half of those students who need mental health care actually seek it. Further, it is unclear whether those who need help most are the most likely to seek it, or whether those who seek

help are those most in need of it. Research has found that students with higher levels of difficulty are more likely to seek professional help than are students with lower levels of difficulty (McLennan, 1991). Some investigators have found, however, that among students with apparently very high needs for help only a small minority actually seek it (Ogletree, 1993). Borstein, Krukonis, Manning, Mastrosimone and Rossner (1993) found that undergraduates who sought help were most likely to seek medical services and to score high on dependency. According to Nadler, Bar-Tal and Drukman (1982), students who reported the greatest need for help were more likely to give help to fellow-students than to receive help. Another psychosocial variable which would be expected to be associated with help-seeking in students is life events or stress. Rubio and Lubin (1986), and Goodman, Sewell and Jampol (1984) found that a great number or impact of negative life events and a smaller number of positive life events are positively related to help-seeking.



Although recent advances in psychiatry and psychology have increased our understanding of psychiatric disorders, many people with mild, chronic or severe psychiatric disorders may be unaware that effective treatment is available. It is possible that ignorance and stigma prevent such persons from seeking appropriate help, and that community attitudes and beliefs play a role in determining the help-seeking behaviour and successful treatment of the mentally ill (Hugo, *et al.*, 2003). Studies by Dear and Taylor (1982), and by De Jong (1987) propose that community attitudes influence the help-seeking behaviour of people. Ignorance about advances in the diagnosis and management of mental illness, the availability of effective (and cost-effective) treatment, and the fear of stigmatisation may prevent people with mental disorders from seeking professional help. A study by Vogel, Wade and Hackler (2007) confirmed that the link between perceived public stigma and willingness to seek counselling was fully mediated by self-stigma and attitudes. Perceptions of public stigma contributed to

the experience of self-stigma, which, in turn, influenced help-seeking attitudes and eventually help-seeking willingness. The same community attitudes and perceptions towards psychiatric disorders also play a major role in not only the successful treatment of the people suffering from a mental illness, but also the social reintegration of these people into the community (Angermeyer & Matschinger, 1994). Other factors associated with individuals' reluctance to seek psychological help include low socio-economic status (Tessler & Schwarts, 1972), low educational level (Leaf, Livingston-Bruce, Tischler & Holzer, 1987), concern for monetary cost (Leaf *et al.*, 1987, Stefl & Proseri, 1985), low awareness of community mental health resources (Leaf *et al.*, 1987; Loo, Tong & True, 1989), and ethnic minority status (Narikiyo & Kameoka, 1992; Suan & Tyler, 1990).



Against this backdrop, a South African study undertaken by Van Schoor and Whittaker (1988), at the University of the Western Cape (UWC), explored whether student counselling services were meeting the counselling needs of the student community at UWC. A needs assessment involving students was conducted, and it was found that students' problems were predominantly seen to be in the vocational-academic area and that students were more willing to refer fellow students for counselling services with the above-mentioned problems than with problems of a more personal-social nature. Although the results were seen to be expected, it was emphasised that vocational-academic problems are often used as a smoke-screen and that counsellors should also be aware of underlying social-emotional problems.

Another South African based study conducted by Botha, Brand, Cilliers, Davidov, De Jager and Smith (2005) showed that factors such as the socio-economic circumstances of students in South Africa, the high prevalence of trauma and emotional problems, the changing system of education and the lack of preparation for tertiary studies in many high schools all have a

direct influence on the wellbeing of students. Other factors like the retention and success rates of students also played an important role. It therefore, is imperative that the services of Student Counselling be available to all students to help them cope with these difficulties, as well as with the normal challenges, anxiety and stress, and relationship problems that studying at a university brings about.

2.2 Help-Seeking Defined

Help-seeking is defined in the literature as a communication process with others, focusing on a specific problem which needs to be handled and which creates enough distress to seek help (Gourash, 1999). It is a term that is generally used to refer to the behaviour of actively seeking help from other people and is about communicating with other people to obtain help in terms of understanding, advice, information, treatment, and general support in response to a problem or distressing experience. As help-seeking is a form of coping that relies on other people, it is often based on social relationships and interpersonal skills. Help can be sought from a diversity of sources varying in their level of formality. Informal help-seeking is from informal social relationships, such as friends and family. While it is positive that most young people are willing to talk to someone about their distress, frequently young people do not receive the sort of help they need from their informal supports (Offer, Howard, Schonert & Ostrov, 1991). It is unclear if responses that young people receive, particularly from family and friends, who may be untrained in dealing effectively with emotional and personal problems, are helpful. Specifically, when peers are sought for help, they may be poorly equipped to provide helpful responses to difficult issues. For example, disturbed young people show a strong leaning towards other disturbed peers (Sarbornie & Kauffman, 1985), and form friendships that often involve conflict, cognitive distortion, and poor social-

cognitive problem solving (Marcus, 1996). These findings raise doubts about the benefit of seeking help from untrained peers (Offer *et al.*, 1991; Rickwood, 1995).

Other informal sources of help-seeking behaviour explored by several authors (De Jong, 1987; Laguerre, 1987; Madu, 1996) identified three main types of help-seeking behaviours among individuals in the Caribbean and in Africa who suffer from mental health problems: a) the traditional type who uses religious faith/indigenous healing exclusively; b) the mixed type who uses western therapy as a complement to religious faith/indigenous healing and c) the western-oriented type who uses western therapy exclusively. Indigenous healers and the treatments that they use have been criticised by western practitioners for being unprofessional and unscientific because they incorporate magic and superstition and use supernatural methods to cure supernaturally caused illnesses (Torrey, 1986). Traditional western psychology focuses on a scientific approach to psychological interventions in order to construe this discipline as an objective, value-free and universal science (Mkhize, 2004). Traditional psychology strives to uncover underlying, universal structures of human functioning. Therefore, some view culture in this context to be an impediment due to the lack of universality of psychological processes, such as motivation, perception and emotions (Gergen, Gulerce, Lock, & Misra, 1996). The self in traditional psychology is seen as a bounded, independent entity separate from the social and contextual factors from which it originates and is referred to as self-contained individualism (Hermans, Kempen, & van Loon, 1992). The self is also defined in terms of its internal attributes, such as thought and emotions, and relationships within the social order are seen as being established through discretionary choice (Shweder, 1982). Traditional western psychotherapy has hence been criticised for its lack of embeddedness within relevant contextual and cultural frames of

reference, and for its often apolitical and neutral position on human functioning as manifest in particular historical, socio-political and systemic milieus.

In contrast with informal help-seeking, professional help-seeking is widely recognised as providing protection against a variety of mental health risks, including risk factors for suicide (Martin, 2002). Formal help-seeking is from professional sources of help, that is, professionals who have a recognised role and appropriate training in providing help and advice, such as mental health and health professionals, teachers, youth workers and clergy (Rickwood, *et al.*, 2005). It is also generally accepted that appropriate help-seeking contributes to a decrease in the psychological distress resulting from personal, social and emotional problems (Tracey, *et al.* 1986). For example, from a suicide prevention perspective, appropriate help-seeking has the potential to protect the individual against the risks associated with the development of suicidal thoughts and behaviours (Kalafat, 1997). Seeking help from a professional source, or an individual who can facilitate access to professional psychological help, has been found to reduce or eliminate the immediate risk for suicide completion in individuals experiencing suicidal ideation or exhibiting suicidal behaviours (Rudd, Rajab, Orman, Stulman, Joiner & Dixon, 1996).

The decision to seek help places people in a dissonant situation. On the one hand there is a problem that requires asking for help in order to be solved. On the other hand, such behaviour is associated with dependence, obligation, damaged self-image, stigma, recognition of failure, and overall helplessness (Dubow, Lovko & Kausch, 1990; Garland & Zigler, 1994). Help-seeking among adolescents has been described as a necessary ingredient in successful coping with developmental problems (Schonert-Reichl & Muller, 1996). Nevertheless, such help is sought only in about 20% of cases (Garland & Zigler, 1994). This phenomenon has been

coined as a “service gap”. It is accounted for by a variety of reasons, such as the high psychological price involved in formal help-seeking (Nadler, 1987), negative attitudes towards formal sources of help (Rickwood & Braithwaite, 1994), lack of knowledge concerning resources (Dubow, Lovko & Kausch, 1990), fears associated with problems of confidentiality, and absence of clear definition of what seeking help means. Adolescents often find it easy to turn to informal sources for help without defining this as help-seeking behaviour (Nadler, 1987; Riggs & Cheng, 1988).

2.3 Defining Student Development and Support Services

In many countries, including South Africa, educational support services have previously focused primarily on individual problems, have perceived these problems in primarily medical terms, and had access to limited interventions to the education and training system itself. There have been changes in Student Support and Development Services (SDSS) over the past few years, internationally and locally, towards a preventative and developmental approach, and towards supporting and developing students within the system. There is clear evidence from many parts of the world, from high-income and middle- to low-income contexts, that education and training can only succeed if adequate student support and development is provided to the students and system as a whole (Department of Education, 1997a).

Bangs (1993), and Donald and Lazarus (1994) understand support and development as a process of helping students of widely divergent backgrounds to find and effectively use the information, skills, insight and the understanding they need in order to be successful, primarily at university, and secondarily in later life. University SDSS help to equip students

for a successful university career and help the university to be more effective in meeting its core educational goals for students. According to Strange (1996), the objectives of psychological support and development services specifically relate to fostering self-acceptance in students and not changing or remediating personality, developing control from within or fostering an internal locus of control, and helping students to learn strategies and coping skills for situations, which are difficult or important in terms of their impact on future life.

According to the South African Department of Education, a broad range of learning and training needs exist among the student population at any point in time, and where these are not met, students may fail to learn effectively or be excluded from the learning and training system. Different learning problems can arise from a range of factors, including physical, mental, sensory, neurological and developmental impairments, psychosocial disturbances, cognitive differences, particular life experiences or socio-economic deprivation. Difficulties may also arise because of negative attitudes and stereotyping of difference; an inflexible curriculum; inappropriate languages, or inappropriate learning, teaching and communication; inaccessible and unsafe built environments; inappropriate and inadequate support and development services; inadequate policies and legislation; the non-recognition and non-involvement of parents; and inadequately and inappropriately trained education managers and educators (Department of Education, 1997b; 2001a).

The core function of SDSS includes educational services, which include all human and other resources that help to develop and support the education and training system so that it is responsive to the different needs of all students (Easton & Van Laar, 1995). SDSS provide support and development to individual students and to all aspects of the university system.

While SDSS address the problems of students and the system, the focus must be on the prevention of physical, mental, social, emotional and learning barriers (Department of Education, 1997b; Earwaker, 1992; Lloyd, 1995). SDSS are framed against a continuous process aimed at helping a student to develop self-understanding and self-acceptance. The British Association of Counselling (1991) defines support and development as the skilled and principled use of relationships to facilitate self-knowledge, emotional acceptance and growth, and the optimal development of personal resources. According to the Association, the overall aim is to provide an opportunity for students to develop towards living more satisfying and resourceful lives. Creamer (1990) asserts that SDSS must focus on personal, educational, and vocational aspects of the student. Support and development at colleges and universities involve helping young people to learn what it is to be a person and a student, and to think about their future careers. Arthur and Hiebert (1996) see SDSS as aiming to help students to begin to find themselves, to develop their sense of identity, to begin to know who they really are, what they have and what they do not have, what they can do easily, what they can do with difficulty and what they probably cannot do at all, in terms of education, occupation, relationships, values and society. They describe SDSS as a process of helping individuals, through their own efforts, to discover and develop their potentialities for personal happiness and social usefulness.

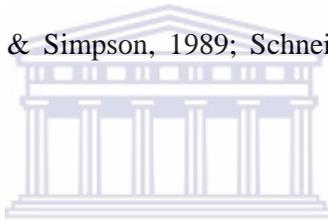
SDSS in the South African context has found that the needs of under-prepared students make it apparent that student counselling plays a vital role in contributing towards the prevention of the majority of such students not completing their studies (Naidoo, 1999). With reference to the National Plan for Higher Education (2001), it was found that student counselling services also play a part in increasing equity and access, and improving graduation output, thus contributing towards the creation of a strong human resource base in our country. Factors

such as the socio-economic circumstances of students in this country, the high prevalence of trauma and emotional problems, the changing system of education, and the lack of preparation for tertiary studies in many high schools all have a direct influence on the well-being, as well as on the retention and success rates of students (Bojuwoye, 2002).

A study conducted by van Schoor (1989) observed that student counsellors at universities in South Africa have to deal with a multitude of groups by nature of the composition of the student population on the various campuses. The various groups represent many different worldviews and concern was expressed over the preparedness of counsellors to deal effectively with these divergent worldviews. Intergroup problems, resulting from different worldviews, were explored and pertained to the strong collectivist orientation of Black people, witchcraft as an explanation for severe psychological problems, different interpretations of interpersonal communication characteristics, the influence of authoritarian environments on therapeutic orientations, age, social class, language and political factors as influences in the counselling relationship. It was suggested that particular attention should be paid to the re-training and ongoing training of counsellors at student counselling units to enable them to deal effectively with problems resulting from these differences (van Schoor, 1989). It is imperative that these services are available to all students to help them cope with these difficulties, as well as with the normal challenges, adjustment, anxiety and stress that university life brings about. For these reasons student counselling strives to provide individual and group counselling that is responsive to the diverse population of students experiencing psychological, personal or behavioural difficulties. It also strives to include preventive and curative individual and group assistance to students in order to assist them in learning other effective ways to cope with stress and disappointment, resolve conflicts, deal with specific problems or habits, and manage their lives (SAACDHE, 2007).

2.4 Influence of Practical Barriers on Use of Mental Health Services

Very little empirical research has been conducted in order to examine the influence of practical barriers on mental health service use. Of the research done to date, researchers have used various measures to investigate motivators and barriers to help-seeking, including the ATSPPHS (Attitudes Towards Seeking Professional Psychological Help Scale), the ISCI (Intentions to Seek Counselling Inventory), the TACS (Thoughts about Counselling Survey), and the TAPS (Thoughts about Therapy Survey) that reflect high validity and reliability (Deane & Chamberlain, 1994). Still other researchers developed telephone and online surveys or performed archival research on popular perception in media (Roffman, Gordon, Beadnell, Stern, Craver, Fisher & Simpson, 1989; Schneider, 1987; Therapy in America, 2004).



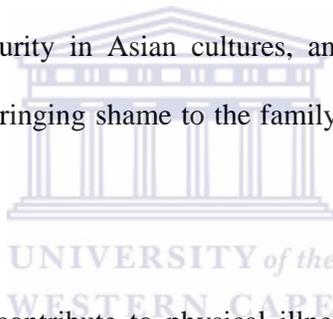
Stefl and Prosperi (1985) examined the effects of three practical barriers (affordability, availability and accessibility) and one personal barrier (acceptability) on anticipated service use. They found that participants' anticipated affordability was the most significant barrier, followed by availability, accessibility and finally acceptability. For those participants judged to be in need of services and who had yet to utilise mental health services, however, acceptability was the most salient barrier (Mackenzie, 2000). Hugo *et al.* (2003), who conducted a study in a South African community setting, suggest that stigma and misinformation regarding mental illness exists, influencing preferred treatment modality and help-seeking behaviour. They recommend that a better understanding of these disorders amongst the public would possibly lessen stigmatisation and encourage the use of currently available and effective interventions.

Once an individual has contacted a clinic there may be external barriers, which also influence negatively on treatment fears, including long waiting lists, inconvenient hours and lack of anonymity due to public waiting rooms. These barriers can add to treatment fears, as evidenced by the large numbers of people who set a first appointment and never show up, and the estimated 40% of people who never return after the first interview (Garfield, 1986). Kushner and Sher (1991) refer to what they term the service gap. They report that the utilisation of services may be low primarily because people prefer to receive help from informal sources such as family, friends, and clergy, because of the inaccessibility of services, and because of what they call treatment fearfulness. Treatment fearfulness is defined as a subjective state of apprehension that arises from aversive expectations about the seeking and consumption of mental health services (Kushner & Sher, 1991). Treatment fearfulness can come from a variety of sources, including the six identified by Kushner and Sher (1991): (1) fear of embarrassment, (2) fear of change, (3) fears involving treatment stereotypes, (4) fears associated with past experience with the mental health service system, (5) fears of negative judgment (stigma), and (6) fear of treatment associated with specific problem types. According to Kushner and Sher (1991), these fears may be rational or irrational, specific or general, and can vary in intensity based on the nature of the problem for which an individual needs to seek help. For instance, stress management may be easier for individuals to discuss than sexual dysfunction.

2.5 Psychological Stress and Help-Seeking Behaviour

Several recently conducted surveys suggest that college students in general present a noteworthy degree of depressive and anxiety symptoms, posing a significant challenge for student adjustment on college campuses (Adlaf, Gliksman, Demers & Newton-Taylor, 2001;

Chen, Bi, Mao, Rappe & Edwards, 2002; Rosenthal & Schreiner, 2000). However, few students suffering from psychological difficulties seek professional help. A number of studies in the West found that higher psychological discomfort predicted greater likelihood of professional help-seeking (Rickwood & Braithwaite, 1994). Their results suggest that psychological distress is important in problem recognition and this in turn facilitates the help-seeking process. However, previous studies with Asian students found that students with elevated depressive symptoms tended to hold negative attitudes toward help-seeking (Chang, 2005). These results suggested that Asian students with psychological distress were more likely to distance themselves from professional psychological services, as psychological distress is commonly viewed as resulting from personality flaws and lack of will power, is considered as a sign of immaturity in Asian cultures, and disclosing personal distress to outsiders may be perceived as bringing shame to the family (Kung, 2003; Sue & Morishima, 1982).



Stress has also been found to contribute to physical illness, such as chronic illness and a decrease in immune functioning (Rawson, Bloomer & Kendall, 2001). In the short-term, stress affects the sympathetic nervous system leading to behaviour change, including increased arousal and alertness (McNamara, 2000). With long-term exposure to stress, an individual's eating, sleeping, drinking, smoking, physical activity and social functioning can be disrupted. Stress-related behavioural change includes risk-taking sexual activity, risky driving, antisocial behaviour, and educational failure. In the last two decades, reports have indicated that the level of stress in young people is increasing dramatically (McNamara, 2000; Moon, Meyer, & Grau, 1999) and is highly prevalent in our adolescent and young adult populations. In South Africa, concern has been shown about the misuse of alcohol and the use of methamphetamine drugs among young people (Parry & Bennetts, 1998). A nation-wide survey reported that

drinking and smoking (tobacco and cannabis) rates of young people in South Africa are high, especially among males (Rocha-Silva, De Miranda & Erasmus, 1996). Possible reasons for this behaviour could be that students are no longer under direct parental supervision, are faced with new social and academic pressures, poor coping styles of behaviour, as well as entering an environment where the use of intoxicating substances is normative (Prendergast, 1994). These behaviours were further explored in a study by Peltzer, Malaka and Phaswana (2001), which found significant differences between low self-esteem and current sedative use in men, and current cannabis and other opiate use in women.

A study conducted by Dzansi (2006) explored the many complex issues that arise as a result of students travelling out of their country or place of origin in order to study at universities in South Africa. Many students arrive at university without full awareness of the enormity of adjustment hurdles they must overcome to be successful academically in their new environment. Some of the main adjustment challenges encountered by are highlighted below (Dzansi, 2006):

- Orientation and support from the institution;
 - Academic integration (language, learning difficulties, time management, suitability of studies);
 - Financial support and housing (sufficient funds, financial assistance, food etc.);
 - Personal (sense of helplessness, homesick, loneliness, etc.);
 - Social integration, relationship problems and cultural adjustment (racial discrimination and abuse, ability to practice own religion, food choices);
 - Health and safety concerns (affording medical aid, fear of being mugged, fear of rape);
- and

- Immigration problems (for international students).

Students facing these dilemmas often feel isolated and alone. They also bring with them a cultural frame of reference, which may help, but may also hinder them in their ability to cope with their situation.

A review done by Pliner and Brown (1985) on mental health utilisation indicated that African Americans use help sources more often than Whites and other racial groups. The higher levels of various stresses faced by African Americans may have contributed to this high utilisation. For instance, African Americans were found to experience more financial, personal, and academic stresses in comparison with Whites, Latinos, and Asian Americans. Moreover, the majority (63.6%) of over 2 000 African Americans in a national survey reported experiencing serious personal problems (Leong, Wagner & Tata, 1995). Despite the multiple stressors facing this population, literature regarding how African Americans use help sources is inconsistent. For example, a recent study (Perrone, Sedlacek & Alexander, 2001) found that Whites, Asian Americans, and Native Americans were more likely to seek help than were African Americans or Latino Americans, which is different than Sue, Zane and Young's (1994) conclusion. Furthermore, some research has suggested that African American clients tend to address more impersonal concerns to mental health professionals than do other racial groups. These include educational/vocational issues or problems with law and social welfare services (Hill & Sedlacek, 1995). However, other research has indicated that African American college students have expressed interest not only in career counselling but also in personal/social issues, such as assertiveness and self-esteem. Variables contributing to this impersonalisation may include African Americans' distrust of mental health professionals and institutions (Terrell & Terrell, 1981, 1984) and the dissimilarity in

ethnicity, attitudes, and values between African American clients and their therapists, who are primarily, White (Atkinson, 1983; Atkinson, Lowe & Matthews, 1995). Swartz (1996) reported that until recently the available counselling and psychotherapeutic services in South Africa have been described as irrelevant to the needs of the majority of Black people. Historically, the psychology profession has adhered to a helping paradigm that emphasised one-to-one intervention, focusing on the individual's intra-psycho experiences (Naidoo, 2000). This traditional approach to psychology emphasises facilitating change in the individual rather than working with individuals within their environments. Within indigenous societies, however, the self is experienced and defined in terms of one's relationship with others, such as family, community and status or position within the group (Shweder, 1991). The aim of socialisation is not to focus on the autonomy of the individual, but rather to harmonise one's interests with those of the collective group (Markus and Kitayama, 1994). A study conducted by Hugo, Boshoff, Traut, Zungu-Dirwayi and Stein (2003) in South Africa found that cases of mental illness in communities were most often conceptualised by people as being stress-related or due to a lack of will power. The recommended treatment by family and friends was talking it over with each other, rather than approaching a medical professional for assistance. This study suggested that this may be indicative of misinformation about mental illness. Such misinformation presumably contributes to the stigmatisation of mental illness and to it being under-diagnosed and under-treated (Hugo, Boshoff, Traut, Zungu-Dirwayi & Stein, 2003).

Coping strategies are another important variable that might influence how majority and minority groups react to stress. Approach coping is defined as the use of strategies that focus on both the source of stress and reactions to it, whereas avoidant coping refers to the use of strategies that place the focus away from both the sources of stress and reactions to it (Suls &

Fletcher, 1985). Several components of coping strategies have been identified, such as approach and avoidant coping and problem-focused and emotional-focused coping. These components need not reflect mutually exclusive coping models (Tobin, Holroyd, Reynolds & Wigal, 1989). Some researchers (Markus & Kitayama, 1991) have hypothesised that Eastern and western cultural differences (e.g., individualism versus collectivism) may not only lead to two distinct notions of the self but also differentiate the feelings, thoughts, and actions of individuals from such cultures. This hypothesis was supported by Lee and Newton's (1981) study indicating that coping strategies used by a minority group, such as native Hawaiians, were closely associated with their cultural values. Therefore, one would expect different coping strategies and styles used by individuals who have different cultural backgrounds.

2.6 Culture and Help-Seeking Behaviour

Although attitudes toward seeking psychological help have been studied generally, relatively little is known about African university students' attitudes towards seeking help for psychological difficulties. Specifically, an examination of the literature addressing help-seeking attitudes revealed that the African culture is under represented in this area of research. A possible reason for this lack of research in South Africa may be the historical role that South African psychology has played, and in particular its collusion with the state during the apartheid era. A thematic trend analysis of all articles published in the *South African Journal of Psychology* and in *Psychology in Society* between 1983 and 1988 found that there was almost an exclusive focus on the psychological experiences of White people (Seedat, 1990; see also Durrheim & Mokeki, 1997). An extension of this analysis to a further five widely circulated psychological journals published between 1948 and 1988 confirmed these trends (Seedat, 2001). As a result of the impact of the apartheid system, which contributed to

a mistrust of Whites and western colonial traditions, Black South Africans with some knowledge of psychology showed a tendency to maintain a general mistrust of White South Africans, leading to a mistrust of the profession itself because the majority of psychologists are White (Leach, Akhurst & Basson, 2003). Thus, psychology is often perceived by Blacks as a western concept designed to allow the continuation of oppressive philosophies and interventions because of its historical roots, which were perceived as aligning with the political and social status quo (Leach, Akhurst & Basson, 2003).

Counselling psychology in South Africa is thought to be a microcosm of counselling psychology in the United States as they share similar concerns and struggles, even though they are perceived to have qualitative differences (Leach, Akhurst & Basson, 2003). In the United States, research evidence suggests that students of African origin also felt that issues such as mistrust of White therapists, attitudes toward mental health problems and African-American spirituality affected their help-seeking behaviour (Dominicus, Gilbert & Romero, 2005). Mental health services also tend to focus primarily on western approaches and may create conflict between the needs of individuals from different cultural groups and the mental health services that are available to them (Myers, 1999). These attitudes were confirmed in a South African studies by Bodibe (1992) and Swartz (1998), which concluded that when addressing cross-cultural counselling in South Africa the important role of traditional healing, often provided by *sangomas*⁴, cannot be ignored as this form of helping plays a pertinent role in traditional African life. A study exploring culture with relation to help-seeking behaviour (Hirai, 1999) explored this notion further and found that negative beliefs about seeking psychological counselling and the qualities of the mentally ill were related to beliefs in supernatural causal factors. Among African American students, an internal mental health

⁴ Traditional healers in African communities who provide medical or psychological help.

locus of control predicted participants' willingness to not seek treatment. Attribution of supernatural causes and an internal mental health locus of control predicted their willingness to seek folk medicine treatment.

A belief that mentally ill people were untrustworthy predicted a preference for medical interventions. Several studies (Asuni, Schoenberg & Swift, 1994; Baker, 1994; Barbee, 1994; Bulus, 1996; Fontenot, 1993; Madu, 1996) on mental illness among African people of the Diaspora showed that conceptualisations of "mental illness" stem from people's own observations, understandings and interpretations of specific symptoms, the behaviour of persons who are affected and how those symptoms are uniquely experienced and explained in a particular society or culture. They found that for African people of the Diaspora, medical traditions are shaped by the makeup of the physical environment, the occurrence of specific diseases or the disease experiences of the people, the level of exposure and access to western medicine, levels of literacy, social class and the beliefs that people hold about diseases and cures that are inherited from past generations. Studies conducted by Madu (1996), Bulus (1996), Asuni, Schoenberg and Swift (1994) and Sow (1980) found that many African people and African Caribbean people in Canada perceive "mental illness" as being caused by external sources (such as evil spirits or gods) as punishment for wrongful deeds. Consequently, the persons affected are often blamed for the apparent weaknesses in their character and for causing their own mental health problems.

A study conducted by the Center for Addiction and Mental Health (1999) found that common beliefs about mental health problems in the Caribbean community in Toronto are that: a) it is brought on by a spell or spirits; b) it is a punishment for wrongful deeds; c) the person affected is crazy, dangerous, or weak in character; d) it is hereditary and e) the persons

affected are pretending to have mental health problems. According to this study, common beliefs among Caribbean people in Canada about treatment and coping mechanisms include: a) the belief that treatment will not cure or help control one's problems; b) the belief that if you admit to having mental health problems and seek treatment for it you will be institutionalised and drugged for the rest of your life; c) the belief that going to church and repenting will cure your problems and d) the belief that home herbal remedies and spiritual healers will resolve your problems.

Atkinson, Ponterotto and Sanchez (1984) found that Vietnamese students expressed less positive attitudes toward seeking professional psychological help than their Anglo-American counterparts and had less recognition of personal need for professional help, less tolerance of the stigma associated with psychological help, less interpersonal openness regarding their problems, and less confidence in the ability of mental health professionals to be of assistance. Among Asian populations, several culturally appropriate treatment methods for psychological disorders have been reported. Asian people seem likely to seek treatment consistent with their cultural strategies. Chinese seek more classical Chinese medicine and folk healers, including shamans, physiognomers⁵, geomancers⁶ and bone-setters⁷, than they do practitioners of western medicine (Gaw, 1993). Koreans seek more traditionally-oriented herbal and/or acupuncture treatment, Chinese medicine and shamans (Kim, 1993). One recent study with Indochinese in Australia reported that they tend to receive initial help from traditional healers, as well as family members (Lam & Kavanagh, 1996). Similarly, another recent study

⁵ Physiognomy is based on symbols of visible things, organised into categories, used to figure out things, underlying events and phenomena at a deeper level, or changes and developments across time and space.

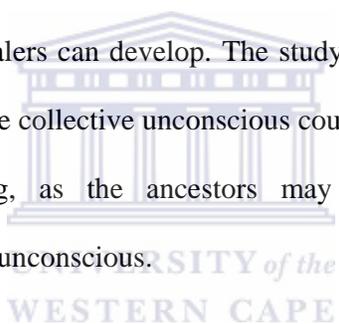
⁶ A method of divination that interprets markings on the ground, or how handfuls of soil, dirt or sand land when someone tosses them. In China it takes the form of interpreting the topography of the land to determine future events and or the strength of a dynasty or particular family.

⁷ In some older Eastern families and communities bone-setting was learned in conjunction with acupuncture/acupressure as the main healing art and treatment for the remote location and family members.

with other-than-western people, including families in Malaysia, reported that the majority of the sample families with a mentally ill person utilised the service of a religious counsellor or a traditional healer (Wintersteen, Wintersteen, Mupedziswa & Cheah, 1997). Because the traditional values and beliefs of many Asian countries are different from those of western countries, Asian people's attitudes toward western psychological help are not favourable. For example, Chinese and Japanese view the family as more important than the individual, and seeking help for psychological problems is considered as causing shame for the family (Braun & Browne, 1998; Sue & Sue, 1999). Personal problems must be resolved privately inside the family instead of talking with outsiders (Braun & Browne, 1998; Lin, 1985). People from Filipino and Southeast Asian cultures tend to somaticise psychological problems and under-utilise mental health services because their values and beliefs conflict with those of people from western countries (Braun & Browne, 1998; Sue & Sue, 1999). A study done by Yuan and Tinsley (1981) found that when Asian students did seek out counselling, they expected it to be more passive and believed that counsellors would be more directive and authoritarian, whereas White American students assumed they would be more active in the counselling process and expected counsellors to be less directive and protective. Similarly, students from Hong Kong had strong preferences for a directive counselling approach rather than a non-directive counselling approach for an emotional adjustment problem (Exum & Lau, 1988).

A study by Ally and Laher (2007) highlighted that the predominant western view of the aetiology and understanding of mental illness needs to acknowledge the various culturally inclined taxonomies of mental illness so as to better understand and aid clients. This was also explored in a South African study conducted by Berg (2003) where it was highlighted that a great majority of South Africa's people consult traditional healers and that deeper meaning of

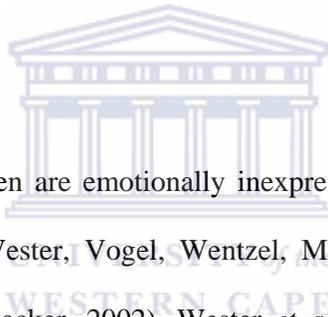
much traditional healing centres on ancestor reverence was needed. The possibility that this belief system and its accompanying rituals may positively influence the mental health of the individual and the community was investigated. She pointed out that among traditional Xhosa-speaking people the relationship with the ancestors is given expression in life cycle rituals that have much in common with western psychotherapeutic principles and practices. The common thread that underpins many rituals is that of making links via concrete, literal means. Examples include the participation of the community in the healing of the individual, and the linking of body and mind through dancing and drumming. Dreams form an essential connection between conscious life and the unconscious. Understanding the psychological depth of these practices is important so that a respectful relationship between western-trained professionals and traditional healers can develop. The study also emphasised that analytical psychology, with its notion of the collective unconscious could make a particular contribution to cross-cultural understanding, as the ancestors may be understood as archetypal representations of the collective unconscious.



2.7 Help-seeking and Gender

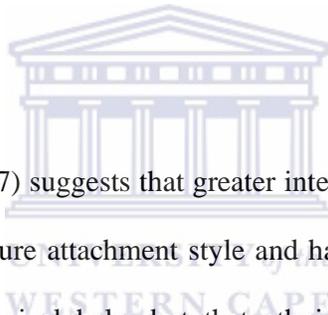
Emotional inexpressiveness has been described as a pervasive problem among men, particularly when compared with women (Brooks, 1998; Pollack & Levant, 1998). The prevailing explanation for men's emotional inexpressiveness has been the gender-role socialisation paradigm (Good & Sherrod, 2001; Meth & Passick, 1990). According to this perspective, boys and men internalise cultural messages about what it means to be male. Included in these messages is the sentiment that being emotionally expressive is an indication of femininity and weakness and should thus be avoided or minimised (O'Neil, Good & Holmes, 1995). Males may also be less willing to seek counselling services because of

concerns about intimacy or emotional closeness (Good, Dell & Mintz, 1989), power concessions (Tracey, 1985), differences in gender role socialisation (Good, Wallace & Borst, 1994; Good & Wood, 1995), traditional masculine attitudes (Robertson & Fitzgerald, 1992), or social norms against emotional expression (Blazing & Watkins, 1996). These findings were confirmed in studies by Courtenay (2003), Fischer & Turner (1970), Tudiver and Talbot (1999), and Wills and DePaulo (1991), where they reported that men endorsed more negative attitudes toward help-seeking than women and are generally less inclined than women to seek help when they need it. Some researchers have posited that men's disinclination to seek help puts them at risk for physical and emotional problems, and they argue that interventions should be aimed at facilitating men's help-seeking (Courtenay, 2001; Good & Mintz, 1990; Good & Wood, 1995).



More recently, the view that men are emotionally inexpressive compared with women has been challenged (Heesacker, Wester, Vogel, Wentzel, Mejia-Millan & Goodholm, 1999; Wester, Vogel, Pressly & Heesacker, 2002). Wester *et al.* (2002) reviewed the empirical evidence on sex differences in emotionality and concluded that men and women's emotional behaviours are more similar than different. Moreover, when differences do emerge, they tend to be small, inconsistent, and limited to specific situational contexts. However, according to studies conducted by Boldero and Fallon (1995) and Rickwood and Braithwaite (1994), women are more likely to seek help than men. This varies somewhat according to the source of help and type of problem, but overall they found that females are more likely to seek out other people for support and advice for mental health problems. In contrast, a male is more likely to rely on himself than to seek help from other people, and is also more likely to avoid recognition or deny the presence of a problem in the first place (Offer, Howard, Schonert & Ostrov, 1991). This was confirmed by Tedeschi and Willis (1993) who found that White

American female students had more positive attitudes toward seeking professional help than White male students and male and female Asian students. They also found that women had more positive attitudes towards seeking professional psychological help than men and that Asian students preferred to seek help from an older counsellor of similar ethnicity. Kushner and Sher (1991) added that although women are more likely to engage in therapy, women experience more treatment fears than men. In spite of the prevalence of women as help-seekers, the number of men seeking treatment has been on the rise (Betcher & Pollack, 1993; Freiberg & Sleek, 1999). Further, male college students with stronger endorsement of traditional male gender roles and greater male gender role conflict report more negative attitudes about psychological help-seeking than do other male students (Good & Wood, 1995).



A further study by Morgan (2007) suggests that greater intentions to seek help are associated with being female, having a secure attachment style and having had previous experience of obtaining professional psychological help, but that ethnicity and level of emotional and behavioural difficulties did not predict these outcomes. These findings were reiterated in a study done by Chang (2007) among Taiwanese college students, in that higher levels of depression were adversely correlated with help-seeking attitudes and that gender was positively correlated with help-seeking attitudes. Chinese female students held more favourable attitudes toward seeking psychological help than their male counterparts. Möller-Leimkühler (2002) found that although minor emotional symptoms increase the probability of consulting a general practitioner, physical symptoms were the determining factor for help-seeking by men. Corney (1990) has also found that, in contrast to women, men are less likely to report psychosocial problems and distress as an additional reason for consulting.

2.8 Theoretical Framework

The present study will be located within the Theory of Reasoned Action (TRA). Ajzen and Fishbein (1980) formulated this theory in order to better predict behaviour and behavioural intention. According to TRA, behaviour that is under volitional control can be effectively predicted given knowledge of an individual's attitudes and his/her subjective norms (subjective norms refer to perceptions of pressure by important individuals in one's life to perform the behaviour). This theory provides a construct that links individual beliefs, attitudes, intentions, and behaviour (Fishbein, Middlestadt & Hitchcock, 1994). The components of TRA are three general constructs: 1) behavioural intention, 2) attitude, and 3) subjective norm. TRA suggests that a person's behavioural intention depends on the person's attitude about the behaviour and subjective norms ($BI = A + SN$). If a person intends to perform a behaviour then it is likely that the person will do it. Furthermore, a person's intentions are themselves guided by two things: the person's attitude towards the behaviour and the subjective norm. Behavioural intention measures a person's relative strength of intention to perform a specific behaviour. Attitude consists of beliefs about the consequences of performing the behaviour multiplied by his or her valuation of these consequences. Subjective norm is seen as a combination of perceived expectations from relevant individuals or groups along with intentions to comply with these expectations. In other words, the person's perception that most people who are important to him or her think he should or should not perform the behavior in question (Fishbein and Ajzen, 1975, p. 302). Fishbein and Ajzen (1975) state that attitudes and norms are not weighted equally in predicting behaviour. They state:

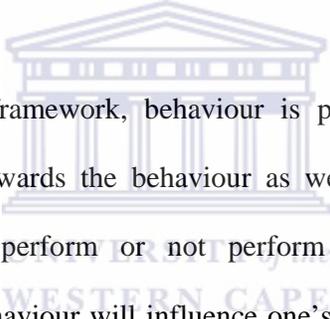
Indeed, depending on the individual and the situation, these factors might be very different effects on behavioral intention; thus a weight is associated with each of these

factors in the predictive formula of the theory. For example, you might be the kind of person who cares little for what others think. If this is the case, the subjective norms would carry little weight in predicting your behavior (Miller, 2005, p. 127).

The theory variables and their definitions, as described by Fishbein *et al.* (1994), are explicated below:

- Behaviour: A specific behaviour defined by a combination of four components: action, target, context, and time.
- Intention: The intent to perform a behaviour is the best predictor that a desired behaviour will actually occur. In order to measure it accurately and effectively, intent should be defined using the same components used to define behaviour: action, target, context, and time. Both attitude and norms, described below, influence one's intention to perform a behaviour.
- Attitude: A person's positive or negative feelings toward performing the defined behaviour.
- Behavioural Beliefs: Behavioural beliefs are a combination of a person's beliefs regarding the outcomes of a defined behaviour and the person's evaluation of potential outcomes. These beliefs will differ from population to population.
- Norms: A person's perception of other people's opinions regarding the defined behaviour.
- Normative Beliefs: Normative beliefs are a combination of a person's beliefs regarding other people's views of a behaviour and the person's willingness to conform to those views. As with behavioural beliefs, normative beliefs regarding other people's opinions and the evaluation of those opinions will vary from population to population.

The TRA provides a framework for linking each of the above variables together. Essentially, the behavioural and normative beliefs, referred to as cognitive structures, influence individual attitudes and subjective norms, respectively. In turn, attitudes and norms shape a person's intention to perform a behaviour. The TRA model supports a linear process in which changes in an individual's behavioural and normative beliefs will ultimately affect the individual's actual behaviour. The attitude, norm variables and their underlying cognitive structures often exert different degrees of influence over a person's intention. Since its development the TRA (Ajzen, 1985) has guided research that has shown conclusively that attitudes are, in fact, highly predictive of behaviour (Eagly & Chaiken, 1993; Sutton, 1998) and was developed for the explicit purpose of predicting behaviour.



According to this theoretical framework, behaviour is preceded by intention, which is influenced by both attitudes towards the behaviour as well as subjective norms, that is, perceived social pressure to perform or not perform the behaviour. Beliefs about consequences of a particular behaviour will influence one's attitude towards that behaviour, which in turn influences the intention to perform the behaviour. With this assumption in mind, behavioural change can be achieved by targeting one's beliefs, attitudes and intentions. Some limitations of the TRA include the inability of the theory, due to its individualistic approach, to consider the role of environmental and structural issues and the linearity of the theory components (Kippax & Crawford, 1993). Sheppard, Hartwick and Warshaw (1988) agree with the theory but make exceptions for certain situations when they say "a behavioral intention measure will predict the performance of any voluntary act, unless intent changes prior to performance or unless the intention measure does not correspond to the behavioral criterion in terms of action, target, context, time-frame and/or specificity" (p. 325). So, in reference to the above example, if prior to making a decision to seek therapeutic intervention

for a problem that an individual is experiencing, he/she hears his/her friend speaking negatively about someone who has attended therapy, this may affect his/her decision to follow through with that decision.

Sheppard *et al.* (1988) indicate there are three limiting conditions on 1) the use of attitudes and subjective norms to predict intentions, and 2) the use of intentions to predict the performance of behaviour. They are:

1. **Goals versus Behaviours:** distinction between a goal intention (having better relationships with friends) and a behavioural intention (speaking to a counsellor to work through reasons for reacting negatively towards friends).
2. **The choice among alternatives:** the presence of choice may dramatically change the nature of the intention formation process and the role of intentions in the performance of behaviour.
3. **Intentions versus Estimates:** there are clearly times when what one intends to do and what one actually expects to do are quite different.

Sheppard *et al.* (1988) suggest “that more than half of the research to date that has utilized the model has investigated activities for which the model was not originally intended” (p. 338). Their expectation was that the model would not fare well in such situations. However, they found the model “performed extremely well in the prediction of goals and in the prediction of activities involving an explicit choice among alternatives. Thus, Sheppard *et al.* (1988) concluded that the model has a strong predictive utility, even when utilised to investigate

situations and activities that do not fall within the boundary conditions originally specified for the model. However, especially when the model is extended to goal and choice domains, it becomes apparent that further modifications and refinements are necessary.

Hale, Householder and Greene (2003) also account for certain exceptions to the theory when they say that the aim of TRA is to explain volitional behaviours. Its explanatory scope excludes a wide range of behaviours such as those that are spontaneous, impulsive, habitual, the result of cravings (Langer, 1989). Such behaviors are excluded from TRA because their performance might not be voluntary or because engaging in the behaviours might not involve a conscious decision on the part of the person. The theory has even been revised and extended by Ajzen himself into the theory of planned behaviour. This extension involves the addition of one major predictor to the model, that is, perceived behavioral control. This addition was made to account for times when people have the intention of carrying out a behaviour, but the actual behaviour is stopped because the person lacks confidence or control over that specific behaviour.

Studies were conducted to assess the utility of the TRA (Ajzen & Fishbein, 1980) to predict university students' intention to seek professional psychological services for alcohol abuse (Codd & Cohen, 2003). Furthermore, Ballon, Kirst and Smith (2004) explored how the nature of youth expectancies (that is, their underlying attitudinal and motivational factors) influence help-seeking behavioural patterns for substance use problems using TRA as a theoretical construct. Another study done using TRA was conducted on 401 undergraduate male students in the United States, by deductively testing stereotypical male roles in relation to health attitude and other social factors. The researchers discovered that the restrictive

emotional attitude of men was able to predict a decrease in help-seeking behaviour (Good, Dell & Mintz, 1989).

In the present study students' underlying attitudes towards seeking psychological counselling at Student Counselling is explored to understand how these factors influence and affect their decision making on whether or not to seek help. It is anticipated that a more in-depth understanding hereof will be attained and that the factors affecting students' decision-making process will be better understood in order to facilitate interventions to bridge gaps that may exist.



CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

Qualitative research examining university students' attitudes towards seeking professional psychological help at student counselling centres has been extremely limited. Research to date has mainly used quantitative methodology (Dominicus *et al.*, 2005; Nicholas, 2002; Watson, 2005; Yoo, 2001). Quantitative research on this subject has been conducted at length (Ferreira, 2002; Hugo *et al.*, 2003; Mackenzie, 2000; Rickwood *et al.*, 2005). However, much of this research has not explored in depth the specific feelings and attitudes around help-seeking behaviour, in order to better grasp the perspectives acting as barriers to seeking counselling, as well as the factors which facilitate and inhibit help-seeking behaviours among students. While quantitative methodology has been useful in certain respects, it has also lacked the depth needed to understand why these attitudes originally existed (Myers, 2002). It may be argued that through qualitative research it may be much easier to access people's feelings, perceptions, attitudes and value systems than through a highly structured questionnaire. Qualitative research methods do not seek to describe a norm but to understand meaning and gain knowledge about those who vary from that norm, as well as add to the richness and complexity to the area being explored (Strauss and Corbin, 1994). Qualitative research, therefore, will allow for a more in-depth analysis and exploration of students' attitudes towards seeking professional psychological help.

This chapter explores the limitations of quantitative research, and puts forward reasons for the choice of a qualitative approach. It also describes the aims, participants, data gathering medium, data gathering procedures and data analysis strategies used in the study. Finally, it offers a statement of ethical considerations.

3.2 Rationale for a Qualitative Approach

Qualitative research designs have emerged as important approaches to doing research in the social sciences over the last few decades. Qualitative research is concerned with developing explanations of social phenomena (Hancock, 1998). That is to say, it aims to help us to understand the world in which we live and why things are the way they are. It is concerned with the social aspects of our world and seeks to answer questions about, for example, why people behave the way they do, how opinions and attitudes are formed, how people are affected by the events that go on around them, how and why cultures have developed in the way they have, and the differences between social groups (Hancock, 1998). Qualitative research focuses on qualities of human experiences. It is concerned with the what, how, when and where of peoples' experiences, and the manner in which these experiences are described in words (Cresswell, 1994). It refers to the diverse and sometimes contradictory concepts, definitions, characteristics, perceptions, metaphors and symbols that people use to describe and create meaning of their experiences (Myers, 2002).

Qualitative research entails assuming an interpretive stance to investigate the perspectives that people have and to interpret their view of the world. Here significant philosophical differences seem to be posited between quantitative and qualitative research in that quantitative methodologies are construed as being incapable of exploring a person's

subjectivity. Thus, qualitative researchers are of the opinion that rich descriptions of the social world are valuable (Denzin & Lincoln, 1994). Quantitative researchers are less concerned with such detailed information. Qualitative research will allow for such depth and will allow scope for exploration of a person's subjective meaning in order to fully understand these perceptions (Cresswell, 1994).

Qualitative research methods with a face-to-face, open-ended interviewing and dialogue approach to data collection provide students the opportunity to give an unqualified assessment of psychological counselling and of Student Counselling, and allows for the opportunity to delve deeply into a respondents' perspectives (Manning, 1992). Rather than a priori set of categories within which students fit their views, respondents are free to choose aspects to comment on and share with in depth. Through qualitative research, information completely unanticipated by those soliciting input about the quality of campus life can be collected. The resulting data are richly descriptive and faithful to students' perspectives (Creswell, 1994).

Qualitative research also provides the tools for beginning to understand the complexity of multiculturalism, which is an important area of Student Counselling (Manning, 1992). This method of understanding another's perspective can build fundamental knowledge about campus multiculturalism, and the knowledge gained can assist Student Counselling to perceive multiple cultural perspectives, similarities, and differences (Manning, 1992).

Furthermore, qualitative research serves a purpose of building relationships with the respondents while valuable data is collected (Manning, 1992). This may have an impact on students and may encourage them in the future to promote Student Counselling to their peers

and/or seek psychological counselling from Student Counselling in the future should it be required.

3.3 Research Aims

The aims of the study were as follows:

- To explore CPUT students' attitudes towards seeking psychological counselling for personal concerns.
- To explore the factors which facilitate and inhibit help-seeking behaviours among students at CPUT.



3.4 Participants

The target group for this study was students at under-graduate and post-graduate level at CPUT. Participants were accessed through the Student Counselling's existing services and programmes, such as the Peer Helpers, Multicultural group and Life Skills group. In addition, participants were also approached individually in order to achieve a diverse participant group for the focus groups. In other instances, participants with whom participation in the study had been pre-arranged failed to arrive for the scheduled focus group discussion. In order to proceed with data collection, students were approached individually and the purpose of this study was explained and their participation in the research was requested. The aim was to have 5 focus groups comprising of approximately 10 participants. Focus groups usually have between 6 and 10 participants, but members can range from as

few as 4 and as large as 12 (Krueger, 1994). The reason for this is that a group that comprises of less than 6 participants results in a smaller amount of total ideas, while a group of larger than 12 does not allow for all participants to fully participate in the discussion (Krueger, 1994). A group consisting of more than 12 participants is also more difficult, if not impossible, for the interviewer to manage (Steward & Shamdasani, 1990).

A total of 29 students from CPUt participated in 5 different focus group discussions that consisted of: 3 groups of heterogeneous students made up of one group of 4 (1 male and 3 females), one group of 8 (5 males and 3 females), one group of 5 (3 males and 2 females); and two homogenous groups made up of one group of 6 females and one group of 6 males. Twenty four participants were Black (13 isiXhosa, 4 Oshiwambo, 3 Sesotho, 2 Setswana, 1 Tshivenda, 1 Otsiherere) and 5 were 'Coloured' Afrikaans-speaking students. The number of participants ranged by age as follows:

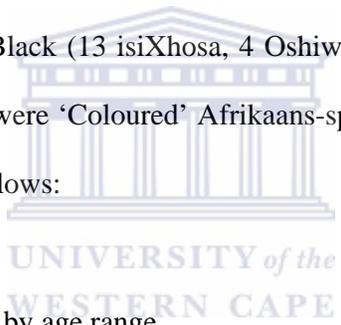


Table 1. Number of participants by age range

Age Range	Number of Participants
19 – 21	16
22 – 25	7
26 – 30	3
31 – 35	2
36 – 40	1

The year of study of the participants varied in the following manner:

Table 2. Number of participants by year of study

Year of Study	Number of Participants
1 st year	15
2 nd year	8
3 rd year	2
4 th year (B.Tech)	4

The courses for which the participants were registered were as follows:

Table 3. Number of participants by course

Course	Number of Participants
National Diploma in Biomedical Technology	1
National Diploma in Environmental Health	8
National Diploma in Marketing	3
National Diploma in Information Technology	3
National Diploma in Building	1
National Diploma in Textile Engineering	1
Higher Certificate in Accounting	3
Mechanical Engineering	8
Electrical Engineering	1

The specific composition of the focus groups was as follows:

Focus group 1: This focus group consisted of four members of an existing multicultural group, which aims at exploring multicultural diversity within different cultures. The students that participated in this focus group discussion consisted of both first and second year students (two studying towards an environmental health diploma and were currently in their second year and two students studying towards a national marketing diploma – one in the first year and the other in her second year). Of the group, one was male and three were female.

Focus group 2: This focus group consisted of eight members who are actively involved in the peer helper programme within the university (three female and five male). Peer Helpers are full or part time under-graduate and graduate student volunteers who play an integral role in delivering programmes and services at the university. The Peer Helpers are trained and supervised by professional staff and assist students with academic, disability, personal and career needs. The Peer Helper Programme is directed at students seeking personal and professional development opportunities. Of these participants, four were fourth year (B.Tech) Environmental Health students, two were third year students (Environmental Health and Information Technology), and three were second year Mechanical Engineering students.

Focus group 3: This focus group consisted of members partaking in a Life Skills programme within the university. These participants consisted of five first year Mechanical Engineering students (three male students and two female students).

Focus group 4: This focus group consisted of six male students. Four students were studying in their first year of studies (two Information Technology students, one student studying Building, and one student studying towards a National Higher Certificate in Accounting), and

two in their second year (one in Environmental Health and one studying towards a National Higher Certificate in Accounting).

Focus group 5: This focus group consisted of six female students. Four students were studying in their first year (one in Textile Engineering, one in Business, one in the Science Faculty and one in Biomedical Technology), and two in their second year (one in Higher Certificate in Accounting and one in Electrical Engineering).

The focus group discussions explored the students' attitudes towards receiving psychological counselling in general, as well as seeking psychological help at Student Counselling. The aim was to ensure that the selection of participants represented as diverse a group of students as possible, in order to obtain varied attitudes and perspectives. However, the participants were primarily Black and 'Coloured' students since they were the most responsive to the invitation to participate in the study, as well as the most demographically represented groups at CPUT. This research also utilised existing groups obtained from specific programmes within the university to ensure that the focus groups were assembled to permit open discussion among all its members. To deal with these factors, both heterogeneous and homogenous groups were included.

A study by Steward and Shamdasani (1990) explored gender within focus groups. They concluded that the ability to create rapport and maximise the scope and depth of a focus group discussion is influenced heavily by the gender composition of the group. In their opinion men and women act differently in group situations as a result of biological factors, as well as socialisation, cultural norms and prescriptions, and these differences can influence focus group discussions. For this reason, the researcher included two homogenous groups

(men only and women only groups) in order to investigate whether more in-depth information could be accessed in this way.

3.5 Focus Groups

A focus group is a form of qualitative research in which a group of people are asked about their attitude towards a product, service, concept, advertisement, idea or packaging. Questions are asked in an interactive group setting, where participants are free to talk with other group members (Faber, 2006). Focus groups were originally called "focused interviews" or "group depth interviews". The technique was developed after World War II to evaluate audience response to radio programmes (Stewart & Shamdasani, 1990). Since then social scientists and programme evaluators have found focus groups to be useful in understanding how or why people hold certain beliefs about a topic or programme of interest.

There are many definitions of a focus group in the literature, but features like organised discussion (Kitzinger, 1994), collective activity (Powell, Single & Lloyd, 1996), social events (Goss & Leinbach, 1996) and interaction (Kitzinger, 1995) identify the contribution that focus groups make to social research. Powell *et al.*, (1996) define a focus group as:

A group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research (p. 499).

A focus group could be defined as a group of interacting individuals having some common interest or characteristics, brought together by a moderator, who uses the group and its interaction as a way to gain information about a specific or focused issue (Faber, 1996).

Focus groups are a form of group interviewing but it is important to distinguish between the two. Group interviewing involves interviewing a number of people at the same time, the emphasis being on questions and responses between the researcher and participants. Focus groups, however, rely on interaction within the group based on topics that are supplied by the researcher (Morgan, 1997). Therefore, the key characteristic, which distinguishes focus groups, is the insight and data produced by the interaction between participants (Gibbs, 1997).

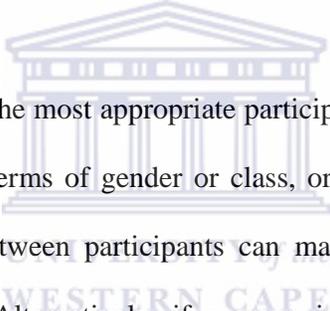
Qualitative research concentrates on words and observations to express reality and attempts to describe people in natural situations (Lewis, 2000). The key element here is the involvement of people where their disclosures are encouraged in a nurturing environment. It taps into human tendencies where attitudes and perceptions are developed through interaction with other people. During a group discussion, individuals may shift due to the influence of other comments. Alternately, opinions may be held with certainty. Kreuger (1998) suggests that the purpose is to obtain information of a qualitative nature from a predetermined and limited number of people.

Interviews are an important part of any action research project as they provide the opportunity for the researcher to investigate further, to solve problems and to gather data, which could not have been obtained in other ways (Cunningham, 1993). The group interview is essentially a qualitative data-gathering technique that finds the interviewer/moderator directing the interaction and inquiry in a very structured or unstructured manner, depending on the interview's purpose (Denzin & Lincoln, 1994).

As indicated, data was collected through five focus group discussions. The main purpose of focus group research is to draw upon respondents' attitudes, feelings, beliefs, experiences and reactions in a way in which is not feasible using other methods, for example observation or questionnaire surveys. These attitudes, feelings and beliefs may be partially independent of a group or its social setting, but is revealed via the social gathering and the interaction which being in a focus group entails (Morgan, 1997). Compared to individual interviews, which aim to obtain individual attitudes, beliefs and feelings, focus groups elicit a multiplicity of views and emotional processes within a group context (Morgan, 1997). The individual interview is easier for the researcher to control than a focus group in which participants may take the initiative. Compared to observation, a focus group enables the researcher to gain a larger amount of information in a shorter period of time (Kvale, 1996). Observational methods tend to depend on waiting for things to happen, whereas the researcher follows an interview guide in a focus group. In this sense focus groups are not natural but organised events (Morgan & Kreuger, 1993). Focus groups are particularly useful when there are power differences between the participants and decision-makers or professionals, when the everyday use of language and culture of particular groups is of interest, and when one wants to explore the degree of consensus on a given topic (Morgan & Kreuger, 1993).

The benefits to participants of focus group research should not be underestimated. The opportunity to be involved in decision-making processes (Race, Hotch, & Parker, 1994), to be valued as experts, and to be given the chance to work collaboratively with researchers (Goss & Leinbach 1996) can be empowering for many participants. If a group works well trust develops and the group may explore solutions to a particular problem as a unit (Kitzinger 1995), rather than as individuals. Not everyone will experience these benefits, as focus groups

can also be intimidating at times, especially for inarticulate or shy members (Gibbs, 1997). Therefore, focus groups are not empowering for all participants and other methods may offer more opportunities for participants. However, if participants are actively involved in something, which they feel will make a difference, and focus group research is often of an applied nature, empowerment can realistically be achieved (Gibbs, 1997). Another benefit is that focus groups elicit information in a way which allows researchers to find out why an issue is salient, as well as what is salient about it (Morgan 1988). As a result, the gap between what people say and what they do can be better understood. If the participants reveal multiple understandings and meanings, multiple explanations of their behaviour and attitudes will be more readily articulated (Lankshear, 1993).

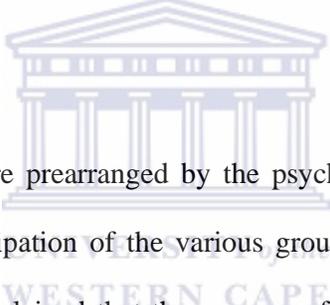


It is not always easy to identify the most appropriate participants for a focus group. If a group is too heterogeneous, whether in terms of gender or class, or in terms of professional and 'lay' perspectives, the differences between participants can make a considerable impact on their contributions (Morgan. 1988). Alternatively, if a group is too homogenous with regards to specific characteristics, diverse opinions and experiences may not be revealed. Participants need to feel comfortable with each other. Meeting with others whom they think of as possessing similar characteristics or levels of understanding about a given topic, will be more appealing than meeting with those who are perceived to be different (Morgan 1988).

Focus groups were utilised in this research to provide students with the opportunity to offer an unqualified assessment of psychological counselling and of Student Counselling, and to allow for the deeper exploration of their attitudes and help-seeking behaviours towards seeking psychological counselling at the student counselling services offered at CPUT, thus informing the development of relevant interventions.

3.6 Procedure

Access to the participants was facilitated via Student Counselling at CPUT in Bellville, which was informed about the research. Permission from the Dean of Research at CPUT was obtained to conduct the focus group discussions. A favourable response was attained from the role players at Student Counselling at CPUT who provided their full support in assisting in arranging interviews with existing services and programmes, such as the Peer Helpers, Multicultural group and Life Skills group. In addition, participants were also approached individually in an attempt to achieve a diverse participant group for the focus groups. They were asked for their voluntary participation and reassured that their responses would be anonymous and confidential.



Times for the focus groups were prearranged by the psychologists at Student Counselling who were facilitating the participation of the various groups. When the groups met at the arranged time, the researcher explained that the purpose of the study was to explore CPUT students' attitudes towards seeking psychological counselling for personal concerns and to explore the factors which facilitate and inhibit help-seeking behaviours among students at CPUT. It was explained by the researcher that it was hoped that the information obtained through this focus group would assist in informing better intervention and support strategies within Student Counselling in order to support the students. The researcher also provided the students with her credentials in order to reassure them that the research process would be conducted by an intern psychologist with the skills required to facilitate the focus group discussions, and who was bound by an ethical code to keep the source of their thoughts and opinions confidential. In terms of maintaining a reflexive position throughout the research process, the researcher was aware that her position as an intern psychologist could cause

students to be reluctant to share their true attitudes and perceptions. To overcome this, the researcher reassured students that the research project was being supervised. It was also necessary to assure them that there were no correct or incorrect responses and that the study aimed at exploring their personal attitudes and perceptions. The participants were requested to complete a consent form (see Appendix A) prior to the commencement of the focus group, as well as a demographic questionnaire (see Appendix B).

The student's attitudes towards seeking psychological counselling in general, as well as their attitudes towards seeking psychological counselling at Student Counselling were explored using an open-ended and participant-centred approach (Manning, 1992). The focus groups were conducted in an open discussion in English, which is the language medium of the university. This research method exposed the researcher to the various perceptions held about this topic, which included differences and similarities in participants' opinions (De Vos, 1998). A semi-structured interview guide (see Appendix C) was used to steer the focus group discussions and, with the permission of the participants, the focus group discussions were audio-recorded. The focus group sessions lasted for approximately sixty to ninety minutes. See Appendix C for the questions that were utilised to guide the focus group discussions.

The focus groups were conducted in the training room within the Student Affairs area in order to provide a neutral space for participants to explore their thoughts and feelings. Thereafter, each of the focus group discussions was transcribed verbatim in preparation for data analysis.

In general, most of the participants co-operated in the focus group discussions, even though some participants were quieter than others. These participants were encouraged to voice their thoughts, feelings and opinions, whilst other spoke openly and freely. During the closure stage of the focus group discussion, participants were thanked for the invaluable contributions to the study. The researcher extended to the participants an invitation to access Student Counselling for psychological counseling in the event that they needed to debrief following the interviewing process.

3.7 Analysis of Data

All interviews were tape recorded and transcribed for analysis. The overall analytical approach adopted largely followed the conventions of thematic analysis or template analysis. The term “template analysis” refers to a particular way of thematically analysing qualitative data and involves the development of a coding “template”, which summarises themes identified by the researcher as important in a data set, and organises them in a meaningful and useful manner (King 2004).

Codes identify a feature of the data (semantic or latent content) that appears interesting to the analyst (Boyatzis, 1998). Using template analysis (King 2004), the transcripts were coded into broad themes based on the research objectives and interview questions to create an initial template. Each broad theme was then subjected to a more detailed manual analysis by the researcher, which led to the formation of more specific categories within each theme. This hierarchical coding allowed the researcher to analyse texts at different levels of specificity. Broad higher-order codes help provide a general overview of the direction of the interview,

while detailed lower order codes enable fine distinctions to be made, both within and between cases (King, Keohane & Verba, 1994).

3.8. Statement of Ethical Considerations

The following ethical considerations were granted due regard:

- It was made clear to all participants that participation in the study was voluntary and that should they refuse to participate, there would be no penalty or loss of benefits to which they are otherwise entitled. It was also stated that the student could discontinue his/her participation at any time without penalty or loss of benefits.
- Informed consent was obtained from the participant after he/she had been informed about the study. An informed consent form was signed by the participants before they participated in the study.
- The participants were assured of confidentiality. An explanation of the procedures to be undertaken was provided to ensure the confidentiality of the information to be derived from the participant, thus ensuring that his/her identity was protected. Confidentiality of records was maintained through the absence of identifying information on the demographic questionnaire. Although demographic information was collected, it was not specific enough to identify any individual participant. The only individuals that had access to these questionnaires were the researcher and the research supervisors. The data has been stored in a locked cupboard on secure premises.

- Although the risks associated with participation in this project were minimal, the need for protection from emotional harm was addressed by contracting verbally to refer participants for counselling should they require it after participating in the study.
- The researcher offered to share the results of the research study with all the participants, as well as with the relevant university authorities in recognition of the stakeholders' right to have access to this knowledge.
- Permission was secured from participants to disseminate information acquired from them.

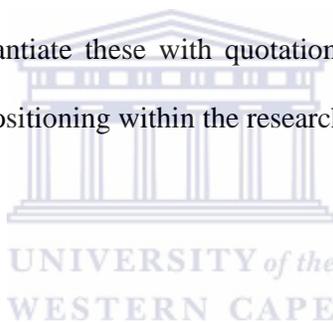


CHAPTER 4

REPORT

4.1 Introduction

This chapter examines the context in which the research was conducted, as well as the findings of the thematic analysis. The attitudes and accounts of the participants with regards to the utilisation of student counselling services and related issues are highlighted. In this section an attempt is made to classify the dominant themes that emerged from the focus group discussions and to substantiate these with quotations from participants. Finally, the researcher reflects on her own positioning within the research process.



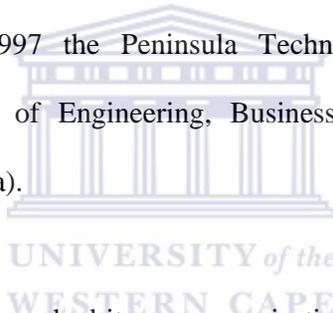
4.2 Context

The section below provides a historical description of CPUT, an indication of its student enrolment profile, and a detailed account of the services offered by Student Counselling.

The research was conducted at CPUT in Bellville. The history of this institution goes back to 1920 when the foundation stone of the Longmarket Street Building of the then Cape Technical College was laid in Cape Town. The establishment of the college followed more than ten years of representations by the community for the consolidation of the technical courses which had been offered in various venues in town. In 1962 the Peninsula Technical College was established to cater for the steady growth in the number of 'Coloured' apprentices in a variety of trades. Classes were conducted in Cape Town until the relocation

to the venue in Bellville in 1967. After the promulgation of the Technikons Act in 1976, these colleges could offer tertiary education in selected fields of study. During 1979 the college was legally established as a technikon and called the Peninsula Technikon in Bellville (Cape Peninsula University of Technology, 2009a).

During the apartheid era, all education institutions were forced to serve a specific race group. In 1987 the Peninsula Technikon opened its doors to all South Africans. In the same year, the Cape Technikon applied for and was granted special permission to have the Government's regulation lifted on the quota for Black students. In 1993 the Technikons Act was promulgated, empowering technikons to offer degrees: Bachelors, Masters and Doctoral degrees in Technology. In 1997 the Peninsula Technikon restructured its academic programmes into the faculties of Engineering, Business and Science (Cape Peninsula University of Technology, 2009a).



Likewise, the Cape Technikon launched its new organisational structure with six faculties, a new corporate identity and Vision and Mission between 1999 and 2000. In March 2001, the Minister of Education, Kader Asmal, announced the National Plan on Higher Education (HE) which was set to change the HE landscape. A National Working Group (NWG) on HE was tasked to make recommendations to the Minister on the future of higher education. Each institution had to make submissions to the working group on their programme, qualification mixes and niche areas (Cape Peninsula University of Technology, 2009a). In May 2002, the Minister announced the merger of the Cape Technikon and Peninsula Technikon, which became effective in January 2005. In August 2003 the two technikons made a combined submission to the Minister under the new name of the merged institution, Cape Peninsula University of Technology, which the Minister approved in October 2003, The Minister also

announced that the status of technikons would be changed to universities of technology (Cape Peninsula University of Technology, 2009a).

In 2007, the proportion of students per population group at the Bellville campus was as follows:

Table 4. Proportion of CPUT (Bellville Campus) students per population group, December 2007

'Race'⁸	Percentage
African	59.1%
Coloured	32.2%
Indian	0,4%
White	4.4%
Unknown	3.9%

The majority of the students at CPUT Bellville campus are Black. These students are from South Africa, as well as abroad (international students). The table below provides an indication of the number of international and South African students from 2003 to October 2007.

⁸ In South Africa, the terms “White”, “Black”, “Coloured” and “Asian” emerged from apartheid laws to refer to various population groups, and are still used for demographic and social purposes. The use of these terms is problematised here in so far as these labels relate to their basis within the apartheid system.

Table 5. CPUT (Bellville Campus) student enrolment by nationality/region, 2003-2007

Nationality	2003	2004	2005	2006	2007
Angolan	100	147	150	136	157
Asian	100	216	214	187	145
Australian and Oceanic	1	0	1	4	1
Batswana (Botswana)	240	288	276	190	180
Congolese	54	96	130	135	184
European	57	60	74	73	68
Basotho (Lesotho)	171	151	114	99	84
Malawian	3	6	11	11	13
Mauritian	4	2	5	11	15
Mozambican	13	20	33	38	39
Namibian	306	331	442	510	487
North American	3	0	2	3	4
Other African	227	252	279	300	361
South African	24 392	26 212	27 132	27 354	27 102
South American	4	5	4	2	3
Swazi (Swaziland)	3	4	7	7	8
Tanzanian	8	10	13	16	17
Zambian	12	19	19	25	25
Zimbabwean	36	44	55	57	60
Total	25 734	27 863	28 961	29 158	28 953

The table above shows that there has been a steady increase of students from outside the South African borders.

College students are confronted with a myriad of stressors upon entering college, ranging from leaving home for the first time to establishing self-identity. However, once these students from outside of the immediate borders arrive at CPUT, they are often presented with additional problems with regard to housing, finance, registration, social integration and feelings related to general displacement. If left unaddressed, some of these issues may lead to such adjustment difficulties as interruption of studies, dropping out, substance abuse, or even suicide (Furr, Westefeld, McConnell & Jenkins, 2001). Unfortunately, despite the existence

of student counselling services at universities, less than one third of distressed students have been found to access such services (Oliver, Reed, Katz, & Haugh, 1999).

At CPUT the Student Development and Support Services contain, amongst other focus areas, three separate departments pertaining to students' health and wellness. These are:

- 1) **Student Counselling:** Student Counselling aims to facilitate the general well-being and holistic growth and development of registered or perspective students of CPUT. Student Counselling offers the following services free of charge to registered CPUT students: individual counselling and psychotherapy; career counselling and career development; skills development and training; academic support; wellness programmes; peer helping and self-help resources
- 2) **Health Clinic,** which is based next door to Student Counselling, with a separate entrance and separate reception area, provides primary health care services to registered students of the University. Its focus is the promotion of healthy lifestyles and the prevention of illness. A range of services are offered to registered students, including HIV voluntary counselling and testing.
- 3) **The HIV/AIDS Unit,** which is based in a separate building to the Student Counselling and Clinic section, aims to prevent, control and manage HIV/AIDS among students and staff of CPUT and the community.

These departments link with each other within the Student Development and Support structure at CPUT, and are jointly directed at assisting students in their adjustment to the university, as well as with their psycho-social growth and development.

A differentiation between the types of counselling offered by the various departments in Student Development and Support Services at CPUT is made. Professional counselling and therapeutic services are offered at Student Counselling to registered students and alumni by student counsellors (registered psychologists) and student welfare officers (social workers) to assist students with personal, emotional, social, welfare, as well as other developmental needs. Student Counselling also provides the services of volunteer Peer Helpers who are situated on campus and in most residences. They are a group of senior students who have been trained and are supervised by the student counsellors to help their peers on and resolve personal problems or frustrations that may be experienced by the students (Cape Peninsula University of Technology, 2009b). The Health Clinic is a separate entity that concentrates on providing a professional medical facility that is focussed on holistic healthcare and education, and promotes total wellness, while is also accessible and affordable to all students. It conducts a voluntary counselling and testing (VCT) service for students wishing to check their HIV status, as well as provides medical support to HIV positive students as a part of its mandate (Cape Peninsula University of Technology, 2009c). Another area of intervention is provided by the HIV/AIDS unit where the aim is to mitigate the impact of HIV/AIDS/STI and TB by promoting, advocating, facilitating and implementing innovative interventions among students, staff and the community. This department strives to develop, equip, influence and empower individuals in skills and knowledge through educating, teaching, training, learning and research in the prevention of HIV/AIDS/STI and TB. They also provide a quality service to those infected and affected by these diseases towards achieving

holistic health and sustaining a healthy lifestyle (Cape Peninsula University of Technology, 2009d).

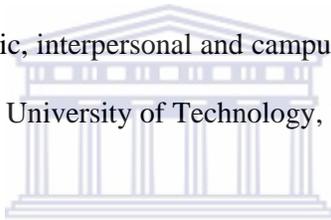
As indicated, psycho-social services at CPUT are provided by Student Counselling, which has the following mission statement:

“We provide a comprehensive psychological, social and educational service to ensure the holistic well-being, development and success of the student community” (Cape Peninsula University of Technology, 2008, p. 1).

Wellness is an international concept that comprises several areas of well-being. These areas can include psychological, physical, academic, occupational, spiritual, social, and other areas of well-being. At CPUT, the aim is to produce students that are well-rounded and equipped to face the challenges that come with being a successful student. CPUT takes cognisance of seven wellness areas: emotional, physical, social, occupational, intellectual, environmental and spiritual. These areas of wellness are interdependent, which means paying attention to one aspect has positive effects on others, in the same way as neglect of one part can bring about imbalance in one's life and thus stress. Leading a balanced holistic lifestyle means paying attention to all aspects of one's life. The Education White Paper 3 (1997) refers to this holistic approach by referring to a multi-faceted approach that provides a sound foundation of knowledge, concepts, academic, and social and personal skills that create a culture of respect, support and challenge on which self-confidence, real learning and enquiry can thrive. Hermon and Hezler (1999) found, in a study of students in higher education, that those students who adhered to a holistic wellness model had a greater sense of psychological well-being. Activities that help students gain control of stress levels, intellectual challenges,

nutritional needs, and a sense of worth including gender and cultural sensitivity, contribute to improved student quality of life and satisfaction with personal and academic experience. This confirms that resources that are channelled into wellness programmes can help the institution produce holistically well students and thus improved throughput; and an integrated approach will reduce overlap and promote synergy (Cape Peninsula University of Technology, 2004a).

To elaborate, Student Counselling at CPUT provides a spectrum of professional services, programmes, training opportunities and resources aimed at enhancing the quality of life and wellness of the student community, and providing academic support and development for coping with the demands of tertiary education. Interventions are aimed at the students' successful adjustment to academic, interpersonal and campus life and core services are aimed at the following (Cape Peninsula University of Technology, 2004a):



- Assisting students with personal and emotional difficulties and health related problems, which negatively impact on their academic performance;
- Assisting students facing academic challenges, for example academic exclusion or disabilities;
- Assisting students in developing a wide variety of personal, intrapersonal and interpersonal skills, employability, leadership and other life skills to increase their preparedness to face the demands/challenges of their study and work environment;
- Assisting students regarding social and welfare related matters which negatively impact on their academic performance, e.g. domestic violence, substance abuse, trauma and community counselling, sexual abuse and conflicts;
- Assisting students facing career complications, e.g. students who consider to quit, or change their course / career;

- Assisting senior students with career planning, e.g. advanced study options;
- Assisting students with health related issues via health counselling (e.g. HIV/AIDS counselling) and professional help with minor physical ailments, as well as medical assistance in emergency situations on campus; and
- The holistic well-being of the student population.

Student Counselling provides individual and small group counselling and psychotherapy that are responsive to the diverse population of students experiencing psychological, personal or behavioural difficulties. Individual psychotherapy and counselling is provided free of charge to students by psychologists that are trained to perform psychological services such as psychological assessment, diagnosis, psychotherapy and research. The psychotherapy process consists of various stages, which focuses on an assessment, diagnosis and study of the individual in order to develop and implement an intervention that would alleviate the concern or distress. This forms an important part of the psychological service provided to both local and international students and is of both a curative and preventative nature, which is aimed at the development of more effective ways of coping and managing their lives. Although not as intensive as individual therapy and counselling, group work is also a way of reaching more students. Various groups are conducted with clients in groups of not less than four and usually not more than twelve students per group. This could include personal development, support, therapeutic, trauma debriefing and behaviour change groups.

Besides personal or psychological concerns, students are also seen for individual counselling in the following situations, either as self-referrals or as referrals by academic and administrative staff members: students affected by academic exclusion, students considering changing their course, students referred by the Disciplinary Committee, students who have

been sexually harassed, unsuccessful candidates applying to gain entry into a course at the institution, and students requiring learning support.

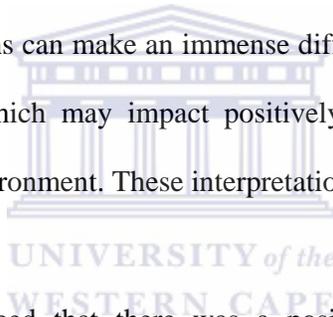
Student Counselling also provides peer helping training and supervision to assist, listen to and facilitate the growth and development of other students. Peer help and mentoring is based on the notion that students most often seek out other students for help when they are experiencing some frustration, concern, worry or problem. Peer helping is a learning situation in which students listen to and facilitate the growth and development of other students. It is a process in which continuously trained and supervised students offer listening, support and alternatives, but little or no advice to other students. The peer helpers receive training in a variety of skills so that they are equipped to help other students and extend student counselling services. In addition, advocacy and learner support services, which assist in enabling students to meet their individual life and learning needs and to raise the level of achievement, by facilitating their social and academic integration at the institution, are included at the institution. Student Counselling advocates and aims for improved relationships between students and other parties. They may advocate on behalf of students experiencing academic difficulties during the course of their studies due to mental health problems. The staff could also mediate in situations where conflict between the parties (lecturers, fellow students and parents) is likely going to affect the students' academic performance (Cape Peninsula University of Technology, 2004b).

4.3 Themes

The section below presents the dominant themes that emerged from the focus group discussions.

4.3.1 Psychological Wellness

The focus group discussions usually commenced with a general discussion of what the participants' understanding of psychological wellness was. One of the focus group discussions consisted of students who were peer helpers and had received some training in counselling skills and/or had been counselled by a psychologist. These participants appeared to be more psychologically advanced and better able to make informed choices than those that had not been exposed to this training. They presented as being more empowered and confident and indicated that they did not experience fear in asking for psychological assistance when they felt that they needed it. This may be indicative of the fact that education about psychological interventions can make an immense difference in the overall functioning of the student's well-being, which may impact positively on their ability to cope more effectively in the university environment. These interpretations are further explored below.



The participants generally agreed that there was a positive relationship between good psychological health and good physical health. Participants also appeared to have good insight into the impact of stressors on the emotional well being of an individual, which indicated that they have satisfactory understanding into their emotional development. This awareness was reflected in participants' responses below:

"... if I'm not feeling good then maybe some things round me affect me – I'm feeling stressed... I can't do many things ... I can't focus..." (Group 1, male)

"A positive mind leads to a positive lifestyle. If you have a positive mind, your physical body will also be." (Group 2, male)

“... if you are like healthy in your physical way, ja, then you feel good about yourself. You feel like you have a lot of confidence - you can do anything. But if you are negative and don't have that confidence, you feel down.” (Group 2, female)

“... your emotion can cause you to do things that you are not supposed to – things like committing suicide... if you stress or you have a lot of problems... you end up failing to think proper.” (Group 5, female)

However, participants' knowledge of psychological health was in itself not sufficient to determine help-seeking behaviour. The influence of the family's and community's attitudes towards psychological therapy appeared to be consequential in the development of their own attitudes towards seeking counselling. These ideas are contextualised below.

4.3.2 Attitudes Towards Psychological Therapy



The section below considers family, community and personal attitudes towards psychotherapy.

4.3.2.1 Family's Attitudes Towards Psychological Therapy

The participants were asked about their perceptions of their family's and community's, as well as their personal attitudes towards seeking psychological therapeutic intervention in order to ascertain the interplay between these. Many of the participants indicated that people within their culture did not go for counselling and preferred to keep their problems within the family or speak to somebody that they trusted, like a friend. There appeared to be an underlying fear of been judged by other people should they find out that there was something wrong with them.

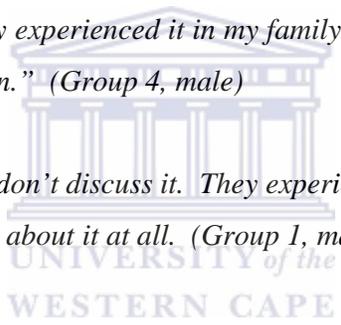
“...it would really have to be bad, it would really have to start tearing the family apart like ...divorce or someone wanting to commit suicide – that they consider firstly going to a psychologist ... people are going say we are going to a psychologist – they will think we are mad or so.” (Group 2, male)

“I don’t think my parents will go to a psychologist...we would rather have a family meeting ... What happens in the family stays in the family.”(Group 2, male)

“I think if you want to go to a counsellor, if you must go to a counsellor – you must be HIV positive or something like that...And not for the other problems that we have experienced.” (Group 1, male)

“If I can speak on behalf of the Coloureds, I don’t think that we really engage in counselling – I haven’t really experienced it in my family and in my family life – we try to deal with the stuff on our own.” (Group 4, male)

“People in my family – they don’t discuss it. They experience problems and they just hide it and they don’t want to talk about it at all. (Group 1, male)



Some of the participants indicated that their families preferred to speak to the pastor in their local church, as opposed to a psychologist. The reason for this was that people felt that the pastor was a man of God and could therefore be trusted to keep their problems confidential. Kushner and Sher (1991) reported a similar finding in that people preferred to receive help from informal sources such as family, friends and clergy because of the inaccessibility of services and fears surrounding psychological interventions.

“My family, what they do when they’ve got a problem...they go to the pastor.” (Group 1, male)

“I would go to a pastor or a priest to advise me – ’cos he can give you some advice... from out of the bible - some spiritual advice”. (Group 1, male)

“... people feel comfortable with a pastor... They trust in him and they have got to see the person everyday... he is the religious leader. The psychologist is a total stranger as opposed to a pastor.” (Group 2, male)

“They would rather prefer to talk to a pastor or someone like a religious leader before they think of going professionally.” (Group 2, male)

If it was not possible to speak to somebody that they trusted about their problems, people would often keep their problems to themselves. This would often perpetuate a cycle of dysfunctional behaviour and keep the family and in turn the community disempowered.

“...if you grew up in this not nice environment...when they grow up and they have got their own family... they will check their children in a bad way because they have never dealt with what they went through when they were still young... Beating their wife for them is just a normal thing because they saw their dad doing that and they never got help in the past.” (Group 4, female)

“...sometimes it just ends up being worse than what it was or not been solved at all.” (Group 4, male)

“...if I have this anger inside me and everyday you do something to me - it builds up. I can explode to somebody else who doesn't know anything about my problem. I think that it's the reason why we have so much crime in our communities.” (Group 3, female)

4.3.2.2 Community Attitudes Towards Psychological Therapy

From the participants' accounts, their communities echoed similar thoughts and perceptions to that of their families. Their appeared to be an underlying concern that individuals would be stigmatised or negatively judged by their communities should they engage in psychological therapy. The quotes below echo this idea:

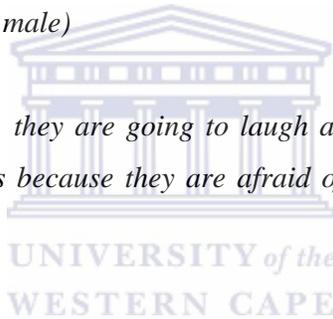
“...where I come from everybody ... feel that this is my problem and I cannot tell because they think that people will laugh at you. They will talk about it as if you are not okay up there” (pointing to head). (Group 3, female)

“The people will judge them – why is she going for counselling – is she having a problem – maybe she is HIV positive...” (Group 5, female)

“They think you are weak – you can’t deal with your own problems...or someone that likes attention.” (Group 4, female)

“...if I had to tell them my brother went to see a psychiatrist, my friend will ask, “What’s he then getting mad?”...they don’t want to be embarrassed by the fact that the community is going to know about it – that there is a problem in the family and the family can’t handle it.” (Group 2, male)

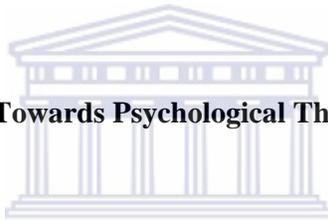
“If I tell about my problem, they are going to laugh about it – they have that mind of keeping things to themselves because they are afraid of being laughed at.” (Group 3, female)



Participants shared that amongst the reasons for their lack of willingness to attend psychological counselling was their concern that they were going to be perceived as being “crazy” by their community and their peers. This finding confirmed a study conducted by Nelson and Barbaro (1985) where community attitudes were explored in a survey with community samples and it was found that the fear of being viewed as mad was a common barrier to seeking professional help. Crisp, Gelder, Rix, Meltzer and Rowlands (2000) found that the majority of community respondents reported negative attitudes toward people with an identified disorder. Similar findings were found in a later study conducted by Hugo *et al.* (2003) in a South African community setting, where it was suggested that stigma and misinformation regarding mental illness existed, which influenced preferred treatment modality and help-seeking behaviour.

The findings of this research indicate that despite students having a fair understanding of the notions of psychological health and emotional wellness, they appeared to generally have a limited understanding of mental illness and the resultant effects of this on the afflicted person, as well as the help options available to them. It was also apparent in the focus group discussions that students lacked a complete understanding of the psychological therapeutic process and based decisions on whether or not to seek psychological counselling on limited and sometimes ill-informed opinions and, importantly, based on others' attitudes and responses to seeking psychological help. This is problematic as students are consequently not able to make informed decisions about their mental and psychological well-being, thus placing themselves at risk of developing future mental disorders.

4.3.2.3 Personal Attitudes Towards Psychological Therapy



Participant's accounts indicated a number of issues that contributed to the construction and existence of personal attitudes that appeared to influence help-seeking behaviours in different ways. These are categorised and discussed in detail below.

4.3.2.3.1 Students' perceptions about psychologists

Students appear to be sensitive to the way the psychologist with whom they are consulting receives them. An underlying fear of judgement permeated the participants' perceptions of the psychological process, and may be a contributing factor in causing them to become reluctant to enter the therapeutic space. It is possible that their subjective experience of authoritarian hierarchies may also be a contributing factor that prevents them from sharing their problems with the psychologist. Kushner and Sher (1991) explored the fear people feel

around treatment of mental illness and termed it “treatment fearfulness”. They defined it as a subjective state of apprehension that arises from aversive expectations about the seeking and consumption of mental health services. According to Kushner and Sher (1991), these fears may be rational or irrational, specific or general, and can vary in intensity based on the nature of the problem for which an individual needs to seek help. These fears became apparent in this study in the exploration of the students’ perceptions about receiving psychological counselling, as well as the expectations they had of the psychologist. Many of the students were concerned that the psychologist was going to pre-judge them and their problem and make them feel inferior in some way. They expressed feeling more comfortable talking to someone who looks and feels relaxed, is friendly and open and who takes interest in their world. They also indicated that they would prefer the psychologist to be patient and not pressure them into sharing information and to be able to contain their emotions. An attitude of respect was also important for them as young people, which included tolerance with problems that may appear simplistic and problems pertaining to their cultural beliefs. The quotes below are in illustration hereof:

“I wouldn’t want a counsellor to judge me for what I am at that time or my problems and just approach it with an open mind.” (Group 2, male)

“I wouldn’t want a counsellor to pressure me to say how you are feeling - to open up – before the end of this - that I would have to tell her everything ... she must be patient.” (Group 2, female)

“...able to handle my emotions, whether it be anger or heartache or whatever. Be able to handle it, be able to talk to me and maybe calm me down if I am angry or crying.” (Group 2, male)

“Ja, it’s the friendliness, are you friendly, are you warm... the way you look at me – are you looking at me when I talk to you, are you really paying attention to me.” (Group 3, female)

Students had precise ideas about the qualities that the psychologist should encompass in order for them to feel comfortable about engaging in therapy. Qualities such as a relaxed atmosphere included more than just the environment that they would be sharing their problems in. It also included the attitude and dress of the counsellor. Students felt that the psychologist should be someone who is friendly, warm and casual, while being respectful and professional at the same time. While the psychologist was expected to display good empathy, students did not want them to feel sorry for them. They felt that the psychologist should be someone that displayed good attending behaviour and excellent listening skills, no matter how seemingly trivial the problem that they were presenting appeared. They also expected that the psychologist would make an effort to connect with them in order to facilitate a relationship.

“I would like that my counsellor would be as casual as possible. I don’t want someone who is formal...I just want to feel free the moment I enter the door – it must be like friendly...They must share jokes...so that I ...can say whatever I want to say to them.” (Group 3, female)

“Mustn’t feel sorry for me – he mustn’t say, “This problem...”. Cos the moment someone says, “Oh this is terrible” and then she makes me terrible – more...” (Group 3, female)

“I would like the counsellor to humble himself or herself down to where I am, to really understand what I am trying to portray here and really give advice on that specific...I would expect that intimacy...how true can that person be with me, how true can that person reflect on whatever I am laying before them.” (Group 4, male)

“I’d like the counsellor to show that he or she is listening to me – paying attention ...that he is interested in what I am saying and I would like to feel that what I am saying is actually taken as something serious.” (Group 4, female)

“To me it is not so much about race – it’s about how you present yourself and how you carry yourself – how you show that I am qualified and am capable of doing the job. If I don’t see those qualities in you, I won’t go and speak to you.” (Group 2, male)

Some students expected that the psychologist was someone that would give advice or help them to come up with alternate ways of working through the problem that they were presenting. However, they did not want to be pressurised or told what solutions they should follow, but to be respected enough to come to a decision on their own.

“...what I would like is for the counsellor to be sympathetic...To show respect, to show attendance, to feel my pain – to give me options for the way out of the problem...I don’t want him to command me to do this and do that – I want him to just light my way...” (Group 4, male)

“No, I just think that the counsellor must just not be judgmental. Sometimes you are the person that is creating problems for other people but ...there is reasons why you are acting like that...” (Group 4, female)

“...when I talk to someone about my problem then I need advice – or maybe the way I should approach the problem...there may be many strategies of dealing with the problem.” (Group 4, female)

“I would like a counsellor who could help me to make my own decisions – not her making the decisions for me.” (Group 5, female)

Another crucial element expressed by the participants for therapeutic intervention was the need for confidentiality. Participants in this study conveyed that people in their communities (regardless of ‘race’) appeared reluctant to share their problems with other members of the

community for fear that confidentiality would be breached. The research found that the need for confidentiality played a fundamental role in both the participants' and the community's willingness to seek psychological counselling. This theme ran throughout communities, both on campus and back home and often resulted in people keeping quiet about the problems that they were facing, for fear of having this information spread throughout the community.

“From where I come from...there's a young person in counselling...So weekends he hangs out with the youngsters. So most of the people don't go to counselling because they know that tomorrow everything will be on the street. That's why they hold back – they won't talk to the counsellor.” (Group 1, male)

“...people have been to have no trust on the counselling procedure. They like – the confidentiality – they have this perception that if I go and talk to a counsellor, people will find out anyway about my problem.” (Group 5, female)

“I also don't have a problem for going for counselling – as long as the confidentiality is there and as long as I know that I will benefit from the counselling of been counselled by a professional counsellor.” (Group 5, female)

“If there is no confidentiality then people won't go for counselling, but if there is confidentiality, then at least they will consider, okay, my problem will be heard and it will be kept secret.” (Group 5, female)

Of the participants that were open to seeing a psychologist, some felt that the benefit of seeing a psychologist was that they are bound ethically to keep confidentiality. The need for confidentiality was reiterated in most of the focus group discussions.

“There is a difference between counselling – if maybe I told someone a problem here – not here in the counselling – he would tell other people, but I don’t think counselling will do the same thing – they don’t ever tell other people your problem.” (Group 2, male)

The fear that confidentiality may be breached may also be a contributing factor to the reason why people appear to be suspicious of new ways of dealing with problems (like talking to a psychologist), which may in turn keep families and communities disempowered, as they are not able to move past these fears and explore other avenues of being. This may cause them to perpetuate the problems as the issues are never completely resolved, but are tolerated, dismissed or hidden, which causes them to become cyclical in nature. The resultant effect of these fears may be that people often seek out alternate means of coping with their problems, for example, alcohol abuse, or turning to crime or suicide as a means of acting out or coping with the stress that they experienced. The consequential effect of this dysfunctional behaviour is that it may perpetuate a cyclical effect, as it repeats itself from one generation of people to the next. In the case of young people, prolonged exposure to stress has been found to disrupt behaviour, and increase risk-taking behaviour and educational failure (McNamara, 2000; Moon, Meyer & Grau, 1999). Parry and Bennets (1998) also expressed concern in their research for the misuse of alcohol and methamphetamine drugs among young people in South Africa. In this study, for example, some participants expressed that an alternate way of coping with stress and with problems was by using alcohol, glue and other cheap means of altering the person’s perception. They reported that people from within their community and at the university appeared to turn to alcohol as a means of escaping from their problems, rather than to go for counselling. As a result of the abuse of alcohol, other problems seemed to arise, such as violence, abuse, unemployment and crime.

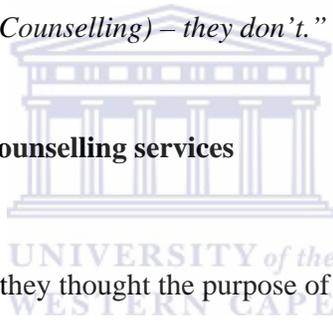
“...I grew up, it is also in a rural area ...everybody is having problems...there are no psychologists...no social workers there. So those kids, most of them they turn to alcohol firstly. Alcohol, is mos also adding to crime...” (Group 3, female)

“...people are unemployed so they cannot afford ... real drugs. These other things like tik-tik – they aren’t been used in our communities. So they use mos wine, alcohol and there is these other cheap one of a spray ... you use – glue...” (Group 3, female)

“I’ve seen they don’t go for counselling. Whenever they are stressed they go and drink and take away their stress.” (Group1, male)

“...they come here and if they have got ...they will rather resolve into bad things like drinking and doing whatever for resolving their problems. But in general, they are not going to come here (Student Counselling) – they don’t.” (Group 4, female)

4.3.2.3.2 Accessing student counselling services



When students were asked what they thought the purpose of student counselling services was, they responded by focusing on aspects of their self esteem, coping with their fears and about how talking to a psychologist could positively impact the choices that they were to make. It appeared by their responses that they had a fair idea about student counselling services. The following ideas emerged:

“Assessed by a counsellor, to overcome what I am dealing with. If I am dealing with the problem of the course I have choosed, it should be so that I can maybe make the right decision.” (Group 5, female)

“... to build my self esteem, my confidence. How to act when people make me feel inferior.” (Group 5, female)

“I think to take away the fear of living amongst other people, because now, in terms of my, in terms of the disability, if I can say that some people with disabilities they don’t accept living among other people – it is still a fear for them. For normal people – it is still a fear for them. So just to take out that fear and build that self esteem and just to cope – it is very important to attend those counselling.” (Group 5, male)

Despite having an awareness of student counselling services, however, one of the main reasons cited by participants for their reluctance to access psychological counselling at Student Counselling was their fear of being judged by their peers or by people back home in their community. They reported that there was a very negative perception of people that went to Student Counselling for therapy. A recurring perception that emerged was that if a person was to see a psychologist, it meant that they were “mad”, “psycho”, “mentally disturbed” or “crazy”. It became evident that there was a negative stigma attached to anyone who attended psychological therapy for help with their problems. This was not only evident in the family’s and community’s perceptions, but also in the students’ accounts. It appears as though a transfer of attitudes has taken place between family and community attitudes to the students’ attitudes. This attitude is shared with students ranging from first year to B.Tech level and exists despite more information having been made available to them about psychological intervention than was previously available to their families. This finding supports the argument by Vogel, Wade and Hackler (2007) that a link between perceived public stigma and willingness to seek psychological counselling exists and that attitudes and perceptions of public stigma contribute to the experience of self-stigma (namely, the perception held by the individual that he or she is socially unacceptable) which, in turn, influences help-seeking attitudes and eventually help-seeking willingness.

Participant's reflections on their attitudes towards accessing Student Counselling intersected closely with ideas about the CPUT community's attitudes towards psychotherapy and the influence of peer perceptions on their own decision to seek out psychological help.

"Okay, the community here on campus... think that people are mentally disturbed – there is a stigma attached to going to Student Counselling. They think that if you go to Student Counselling you are a psycho or something like that." (Group 4, female)

"But in general, they are not going to come here – they don't. And they have this mentality that people that come here are psychopath. ...So everyone, even the BTech level are thinking the same way – not just the first years...people that have been here for 5 years, 6 years – they still have the same mentality." (Group 4, female)

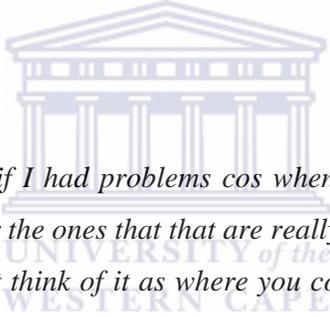
"...if I told my friend that I am going for counselling then she will think, "Are you mad or something, what are you doing there?" (Group 2, male)

"They [students on campus] think you are weak – you can't deal with your own problems. Or someone that likes attention." (Group 4, female)

"...there is that mentality that if you come to Student Counselling you are going to have a low self esteem." (Group 4, female)

A study conducted by Rickwood, Deane, Wilson and Ciarrochi (2005) found that one of the barriers to seeking professional psychological help, is a negative attitude toward professional help-seeking. Such negative evaluations may be derived from negative past experiences, as well as shared experiences and perceptions of counselling by peers. This attitude may be prevalent among some of the student's reluctance to attend psychological counselling to cope with their problems. Some students felt that in order for them to utilise the services of Student Counselling, the reason would have to be extreme – something that they could not deal with on their own. It appeared that if they were to take what appeared to them as a

drastic route (i.e. therapy) there would have to be a significant reason that would set this decision in motion. Their overall concerns appeared to have substance as a study found that people tend to report more stigmas with regards to counselling clients than clients who have not sought counselling as an option for dealing with their problems. For example, people labelled as having used counselling services were rated less favourably and treated more negatively than those who were not labelled (Sibicky & Dovidio, 1986). This finding was also corroborated in a scenario-based research study wherein individuals described as seeking assistance for depression were rated as more emotionally unstable, less interesting and less confident than those described as not seeking help for depression (Ben-Porath, 2002). As a result, it seems that it is not just having a disorder, but also seeking psychological services that is stigmatised by the public.



“I wouldn’t just come here if I had problems cos when I see counselling I think of the guys who are drug addicts or the ones that that are really at hectic stage that really needs counselling. So you wouldn’t think of it as where you come for personal development or development relating issues within you as a person – to uplift you as a person.” (Group 4, male)

“... if I go to a therapist, it should be major.” (Group 1, male)

“...you don’t just wake up and decide that I am going to go to counselling. Something drastic should happen that someone should recommend that you go to counselling.” (Group 4, male)

“And the other thing is that they are shy been seen going through a counselling room The people will judge them – why is she going for counselling – is she having a problem – maybe she is HIV positive ... and they will start judging you.” (Group 5, female)

“I’m not going to lie – it’s not working for me but they that say if you talk you get healed. But it doesn’t work for me – if I talk - the more I talk the more the problem is sinking inside of me.” (Group 3, female)

While some of the participants were willing to go to Student Counselling for psychological counselling, of immense concern was that they would be required to call other people into the therapeutic space in order to work through relational issues that were linked to the problems that they were experiencing. They felt reluctant to engage in therapy in the event that the psychologist would request them to bring their parents/family/friends/ex-boyfriends or girlfriends into the session with them. They felt that they did not want to involve other people in their therapy, but wanted to deal with the problem on their own. Additionally, some students were concerned that the psychologist would probe into their past in order to explore the roots of their problem. They felt that this would leave them feeling overly exposed and vulnerable and while they wanted to solve their problems, they preferred the psychologist to focus on the present problem rather than enquire into the past in order to understand it.

The possibility of these interventions being an option caused them to be closed to the idea of psychological counselling. These findings were confirmed in studies by Cepeda-Benito and Short (1998), and Kelly and Achter (1995) which found that an individual may desire to conceal negative personal information or avoid the increase of painful feelings that can be experienced during therapy (Komiya, Good & Sherrod, 2000). An individual’s willingness to disclose personal information may impact not only the outcome of treatment (Kahn, Achter & Shambaugh, 2001; Kahn & Hessling, 2001), but also initial willingness to seek help from a variety of sources, including friends, family, clergy and mental health professionals (Hinson & Swanson, 1993).

“.. all these people going to be involved. I don't want them in - I want myself to be healed.” (Group 3, female)

“If my problem is not solved then I will not value that counsellor...” (Group 3, female)

“What I don't value about them ... If I go to them, I go with this problem –I am like having a deep, deep problem – they will ...nag and go – “It's your past”. No man! I am with this problem – I don't need those counselling to come back and haunt me... I am coming with this problem and I want you to resolve it now.” (Group 3, female)

“...I want to be healed, I don't want to involve someone else in my counselling – so that is the reason why I don't go to counselling – it's going to involve so many people and I'm not in the mood of that.” (Group 3, female)

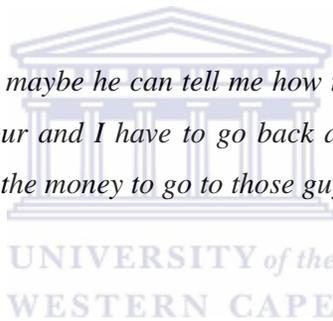
Together with the implied barriers reflected in the preceding discussion, research findings related to the effects of practical barriers (affordability, availability and accessibility) on anticipated service use, as examined by Stefl and Prosperi (1985) and Leaf *et al.* (1987) were confirmed in the findings of this study. Some participants expressed that psychological counselling was for more affluent and educated people. They thought that these people somehow understood the benefits of therapy because they had been educated and were more aware. They also felt that it was only educated people that could afford to pay for the costs of going to see a psychologist and that other people could not afford the costs that would be incurred. Students also felt that they would rather speak to their friends than pay money to go and see a psychologist. However, they did feel that more psychologists should be made available at local clinics and at day hospitals so that more people could be empowered and educated with regards to psychological interventions, rather than purely a medical approach (going to see a doctor to be prescribed medication).

“Because in black’s community, people who’s going out to counselling and counsellors – it is literate people – so because they openly know what it’s about. The other people – they are not working.” (Group 4, male)

“...back home – there is nothing about counselling... There are like in suburbs only where more educated people... There’s the money because sometimes you have to pay for this counselling sessions and stuff. So, now these people can’t afford that.” (Group 4, male)

“Like most of us ...we only have a psychologist in town, so most of us don’t afford – we have to pay in order to be counselled. We don’t afford, most of us we are not employed – so it is not easy like to afford to pay that money in order to be counselled”. (Group 3, female)

“So I must go to him so that maybe he can tell me how to deal with it – so by him telling me it is going to take an hour and I have to go back and the money is adding up – so that’s the thing I won’t have the money to go to those guys because they are expensive...” (Group 3, female)



An opinion that surfaced in some of the focus groups was that it was necessary to educate people about the benefits of psychological counselling, so that people would be able to overcome the barriers preventing them from seeking out therapy as a means of coping with their difficulties.

“...people are starting to realise now that professional counselling is the way to go but ... people need to be educated about the counselling... We can still see – from where I come from people don’t know about counselling.” (Group 5, male)

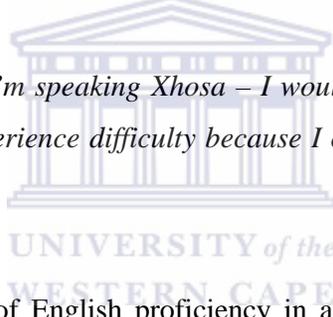
“... these counselling issues should be starting with primary educations or pre-primary educations in order to grown up with people...” (Group 4, male)

“I think that the only ...is to educate people – I mean to make people understand that there are people that are trained to give the people...confidence ...tell the counsellors not to speak out...” (Group 5, female)

Participants spoke of some of the barriers that they experienced in engaging in the therapeutic process. One of these barriers was seen to be the lack of language proficiency, especially pertaining to the ability to speak the English language. Some participants felt that this could be a possible cause of their family's reluctance to seek out therapy. They felt that people who could not speak in the same language as the therapist would refrain from seeking out counselling for fear of not being able to communicate effectively with the therapist.

"...because most of them can't speak English and even though they can speak Afrikaans, it is not as clear as they would like. Whites can't mos Xhosa or any other African language – so there is where the problem also comes in. People who talk the right language to the right people – things would be a little easier." (Group 3, female)

"I think in my culture – if I'm speaking Xhosa – I would like to speak to those who are Xhosa because maybe I experience difficulty because I can't speak English." (Group 2, male)



Research indicates that a lack of English proficiency in a predominantly English medium university can affect all aspects of a new student's life and may exacerbate virtually every problem he or she faces (Akiyama, 1996). Evidence also suggests that people experiencing a language barrier have reduced access to mental health and counselling related services (Li & Browne, 2000). The inability to communicate effectively with the predominant language spoken in a particular counselling environment has also been identified as an important factor influencing the help-seeking behaviour of people (Pedersen, 1991)

"The thing is I want to come in here – people want to speak English – I can't speak English. I would rather stay at my home and have my problem and deal with it in my own way." (Group 3, female)

Other students felt that amongst the barriers to them accessing student counselling services was that students were expected to fill in a questionnaire before the first session of counselling. This made them uncomfortable and uncertain about the therapeutic space.

“You can stop giving that question that they give you if you enter.” (Group 3, female)

“I have a problem with the questionnaire that they give you at the counselling. Because maybe you have a problem and this problem is not on the paper or the questionnaire. And the psychologist will only look at the questionnaire and ask you – and look at those questions and ask you if you have a problem with what what.” (Group 3, female)

Another concern was that there was an allocated time of one hour with the psychologist and this was sometimes not long enough for them to share what was troubling them.

“Um, there is a time that is allocated for a patient – so sometimes like though I never complained – I knew that we had to wait for the time limit to be over.... So, there is the problem with me with psychologists – that we have to have a certain time slot that is fixed, to one hour or 30 minutes. Sometimes I can arrive for the session and I’ll be tense and can’t talk – but as the time goes on then I feel free. And then the time is unfortunately...” (Group 3, female)

One participant expressed concern over the availability of the psychologist and the long waiting lists that they had to endure before they could see a psychologist. It was felt that a psychologist should be available for the more urgent and immediate problems so that pressing or life threatening cases could be seen immediately.

4.3.2.3.3 The influence of gender on help-seeking behaviour

Many of the participants preferred to speak to their friends instead of consulting with a psychologist. This finding was confirmed in studies conducted by Nadler (1987), and Riggs & Cheng (1988) which found that adolescents often find it easy to turn to informal sources for help without defining this as help-seeking behaviour. Some participants echoed their family's feelings, in that they personally felt that they were not prepared to pay to see a psychologist and would prefer to speak to a friend about their problems. They felt that talking to a friend would achieve the same results as talking to a psychologist would.

"Your friend won't really help you, but the way he is talking to you, it makes you skim – okay he can't help me - so he will direct you to somebody else and then you will understand." (Group 1, male)

"If I have to go to a counsellor, I have to make an appointment. So just the same if I can phone my friend... if I have an appointment or talking over the phone – the same." (Group 1, male)

"...I think it is the same thing when you go to your friend to talk about something and I don't think they realise that that is also counselling in a way." (Group 5, female)

"What I do, if I've ever got a problem and I want to talk to someone I go to my friend. And then he has got advice for me... I feel that if I had any questions – he would give me whatever I want." (Group 1, male)

"I believe that counselling is just people nicely dressed in a room, so what – why do I waste my energy and walk up. These things I can do to my friend next door... I don't think that the counsellor can give me any better help at that time – so I go to the nearest one – my friend." (Group 1, male)

Men and women are daily faced with situations in which they are required or expected to seek help. According to studies conducted by Boldero and Fallon (1995), and Rickwood and

Braithwaite (1994), women are more likely to seek help than men. This varies somewhat according to the source of help and type of problem, but overall they found that females are more likely to seek out other people for support and advice for mental health problems. In contrast, a male is more likely to rely on himself than to seek help from other people, and is also more likely to avoid recognition or deny the presence of a problem in the first place (Offer, Howard, Schonert & Ostrov, 1991).

In this study, male and female participants reported varied attitudes and perceptions towards help-seeking behaviour. Perceptions of the male participants appeared to be heavily influenced by cultural norms. They appeared to have a negative attitude towards men that sought out psychological therapy or who showed their vulnerability. On the other hand, while women were more comfortable speaking to their friends about their problems, their preference often placed them in an ambivalent position, as confidentiality was often violated when friends told other people about the problem that they had shared with them. Generally, findings in this study showed that male participants appeared to feel more confident to talk to their friends about their problems than female participants. Some female participants appeared reluctant to share problems with other female friends as they did not trust that they would keep the information confidential. This led to mistrust and a feeling that they could not always share openly with their friends.

“I’m talking from experience – now I would like to go into a place where I can at least see somebody that I don’t know – maybe like you (facilitator) –somebody that is at least having some kind of a diploma or something. Cos most of the chics undermine...” (Group 3, female)

“They would go and tell their friends what we talked about – especially when that person knows you – especially if you come from the same community. And when you pass by everybody knows your problem.” (Group 5, female)

This did not appear to be the case with male participants. Even though male participants did not always get the answers that they required, they still preferred to speak with their friends that knew them very well. There appeared to be a strong bond between friends that had been built up over a period of time and an understanding that whatever is discussed remains confidential.

“Ja, if your friend is a friend maybe long and you know the person very well. You know this guy doesn’t talk from us. He doesn’t make my feelings out – it just stays with this guy.” (Group 1, male)

Accordingly, the most reluctance to engage in therapeutic intervention came from the male participants. Issues surrounding men and their attitudes and perceptions towards psychological counselling were explored in some depth and it was found that in certain African cultures men felt that it was a weakness to outwardly express vulnerability and to seek psychological counselling. They felt that should they follow this route, they would be perceived as being cowardly by their friends and community and would be labelled as being “weak” by their peers.

“My group of friends will always keep it inside – they won’t open up to somebody. They hold it inside them. He is always down and then he is up and alright because when that passed you didn’t know what was up with him or something like that.” (Group 1, male)

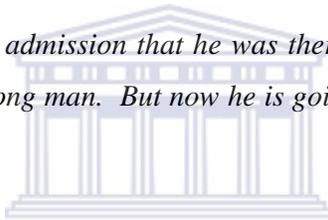
“Where I grow up that men they are not like women. They don’t cry about everything. They feel pain about little things. I do know that it will pass...” (Group 1, male)

“I don’t want people to know what is happening to me and what I am struggling with.”
(Group 1, male)

“My family say it is okay to seek help, but me myself, as a person, I think it is somehow letting everybody in the community in the end of the day to know what is going on around you...” (Group 1, male)

During one of the focus group discussions that took place with an all-male group, one of the participants admitted that he had been to Student Counselling before and that the experience had helped him. This information was not well received by some of the men and they responded to this participant by labelling him as a “weak” man.

“Now you see, by this guy’s admission that he was there, I already put him in a second class... It’s like ah he’s a strong man. But now he is going to the counsellor – he must be weak.” (Group 1, male)



“Ja, from a guy point of view, yo, I can’t ask this guy to help me with this [problem]. He will always go to counselling, how will he help someone? The counsellor will always help him, he can’t help me.” (Group 1, male)

“... this guy is weak man – what is he looking for here. Ja, if you can’t cope with your problems, who are you?” (Group 1, male)

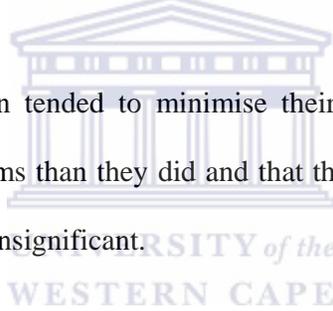
After hearing the following conversation take place, the other participants when asked if they would go to therapy became evasive and non-committal, which reinforced the perception that men who attend therapy are weak. The men’s fear of being labelled as weak appeared to often result in them trying to cope with their emotions and problems on their own and caused them to withdraw into their own space if they needed to cry, in order to prevent people from witnessing this ‘flaw’ in their personality. It appeared to be shameful for them to show vulnerability or weakness. This finding confirmed a study conducted by Offer, Howard,

Schonert and Ostrov (1991) which found that a male was more likely to rely on himself than to seek help from other people, and is also more likely to avoid recognition or deny the presence of a problem in the first place.

“...they are my problems, who cares about my problems... So it is better for me to stay in my room, maybe sleep, maybe cry if I want to cry, but it is also not nice to be seen crying by another guy.” (Group 1, male)

“Yes, because men they think they not are strong when they cry – they cry always and they cry and hide themselves. They don’t want people to see them. Even like me – when I am hurt – I can cry but not in front of people. I go outside and stay there alone and cry then it will pass and I will feel alright next time.” (Group 1, male)

This study also found that men tended to minimise their problems, often thinking other people had more intense problems than they did and that they did not want the psychologist to judge their problem as being insignificant.



“Ja, (laugh) and I think I can’t go there with my problem – people, what will they think about me? Maybe I’ll think no this is a little thing but inside it is big. And then when people hear me crying about little thing - they will say this one is a coward.” (Group 1, male)

4.3.2.3.4 Cultural perspectives on psychological therapy

The act of asking for help, formal or informal, carries a different meaning in different cultures. The question about how to address culture in therapy appeared to be a very difficult one for the participants to answer. The perceptions of the students were quite varied. Some participants supported psychological counselling, some were against it and some felt that it

was irrelevant. Many of the students did not necessarily feel the need to see a therapist of the same cultural background, but felt that the psychologist should be both aware and sensitive to their culture. Of those that were against it, one participant felt that counselling was a “European” concept and some participants felt that African people did not go to counselling because it would appear as though they were weak and could not cope with the problem or because of the negative stigma that communities assigned the person if he or she attends therapy.

“No, I think counselling is a European thing - it’s not African...we believe we are strong...we cannot be run over... by a small problem. I mean, going to a person for help... it is just dumb to me. I don’t see any reason for it.” (Group 1, male)

“If you have a cultural problem then you expect to see the counsellor who knows your culture – not someone like a white person who does not know about our culture.” (Group 3, female)

“... the black culture – they just don’t see the point of going to counselling. They think it’s for people who don’t know what they want in life... who can’t think clearly or for people who can’t think for themselves – they want people to think for them. ...it is perceived as something that is just alien.” (Group 4, female)

“...it is normal amongst black people that you cannot go out and express the issues that are family related to the outside world. It is uncustomary and uncalled for – it is not within the cultures... To us it would be a disgrace because now you have admitted to the whole world that we are fighting. So that is the mindset that is amongst us.” (Group 4, male)

“... most black people they are not aware of these psychological things... They don’t need someone to go out there and deal with their mental problem and everything. So they just believe that they can deal with those things. And in the long run it catches up with them.” (Group 4, female)

Other participants felt that culture should be set aside in therapy or should be irrelevant during the therapeutic process and that the counsellor should listen to the person's situation and help them to explore the options, separate to the cultural perspective.

“For me, I am not into this culture thing – so I have no expectations.” (Group 3, female)

“...don't try to counsel that person according to what the culture says but what she feels in his heart – what he feels. Or maybe just put culture in the side for a while and let him just bring those things that is in his heart, what he feels...” (Group 5, female)

“It would be better if I go to someone who is not Xhosa.” (Group 2, female)

Some of the participants preferred to refrain from psychological counselling due to personal beliefs pertaining to their religion or a preference for consulting with a traditional healer for more immediate results. These findings were reiterated in a study by Sorgaard, Sorensen, Sandanger, Ingebrigtsen and Dalgard (1996), where help-seeking for emotional problems addressed to priests was compared with help-seeking addressed to general practitioners, psychiatrists and psychologists in two demographically different areas. Only small differences were found between the rural and the urban areas, and a substantial proportion of people contacted priests for personal/emotional problems. In both the rural and urban areas seeking help from priests because of mental problems was related to having experienced a personal loss (e.g. death of a spouse, separation, divorce), in addition to having a religious commitment.

“...in my culture, if you are a Christian or something and you go for counselling – it's like you are not satisfied with your problems... part of being a Christian to have problems... If you go to a counsellor, then you cannot carry your cross...” (Group, 2 female)

“In the bible it says something about, “don’t lean on the arm of flesh” ... but you must trust in God. So this will be an example of going in the realm of flesh and not taking your problems to God. Even if it is just older people that judges – even though they preach about it everyday, they judge you about it...you feel very uncomfortable and so on.”
(Group 2, male)

“I would prefer the sangoma ...he assure that he comes to me with that problem – after you have finished with me – then it will be gone away. Then that makes it more preferable for the sangoma to the counsellor because you feel that there is something physical he would give...” (Group 1, male)

According to some of the participants, cultural sensitivity is a very important aspect of the counselling process. Many felt that the counsellor should have an awareness of the cultural norms and be sensitive and respectful in the way they perceived and managed the counselling session. A study conducted by Ayonrinde (2003) confirmed these findings and found that due to increased mobilisation of people across geographical and national borders, multicultural trends were emerging in many countries. As a result, it was found that individuals bring their own worldviews, expectations, norms and taboos to the clinical transaction. Although it was not impossible to be conversant with all cultures, the researcher argues that clinicians should be sensitive to the role that culture plays in their practice, without stereotyping patients. The interplay of client/patient culture, clinical setting and clinician culture can pose significant challenges experienced against a backdrop of other factors such as age, gender, religion, and acculturation. Language, even when shared, does not ensure skilful clinician-client/patient communications as there are different culture codes for interpersonal relationships, disclosure, privacy, and non-verbal communication.

The cultural matching of client/patient and therapist is complex and may be complicated by the emergence of other differences that may be equally challenging, depending on the

person's perceptions and needs. However, awareness and sensitivity towards these may serve to reduce the number of differences. Cultural sensitivity in client/patient care may be associated with improved satisfaction amongst the students. According to participants:

"... marriage counselling ...So, maybe a couple has problems...with their sex life...there are things they wouldn't say to someone that is personally between the two of them – so it would be difficult for them ..." (Group 2, female)

"...when you are counselling a person it must be regardless of who you are. ...A man should not cry – that is my culture ...they must have good reasons for me why I am believing this." (Group 1, male)

"...there is a reason why culture can be excluded from counselling sessions and then we rather look at why the person comes for counselling – the main reason that brought him – but not involving the culture thing – not looking in your eyes." (Group 5, female)

"I think the counsellor must respect my culture – not like judge who I am and where I come from... maybe he or she must ask me – but no negative comments like "This cultural view is not good" ...I will make him to understand that he must not say bad things about my culture." (Group 4, female)

"I think when it comes to counselling, culture must be an exception. You don't counsel a person according to your own culture. You respect all people's culture. And respect your client's opinion..." (Group 5, female)

"Okay, if it is a situation related to culture issues I think it is best to go to a counsellor that is having a clear understanding about your culture. Or someone in your culture who is also a counsellor that knows what to talk about and what to not talk about. I think it is better to go to someone who knows about the culture or who is in the culture and also counsels." (Group 4, male)

4.3.2.3.5 Attitude shifts towards accessing student counselling services

Importantly, however, findings from the study suggest that there appears to be a shift taking place amongst the current generation of students with regards to exploring psychological therapy as an option to overcoming the problems and stresses that they face. This shift in attitude, expressed by some participants, indicated that they held different views to those of their fellow students, families and communities. Although a significant number of students expressed a reluctance to seek out therapy due to reasons previously expressed, there were also a notable number that were willing to explore the option of counselling and prepared to go to therapy to experience a new approach to exploring and solving their problems. Some participants seem to have grasped the benefits of therapy through media and/or personal experiences, and were willing to empower themselves into trying a different approach of coping with their problems. They spoke encouragingly of attending therapy in order to seek ways of coping with their problems:

“For my community, I don’t care what they would say about me because I know why I go there – to solve my problems.” (Group 2, female)

“...I tend to speak to my wife and once we went out and went to psychology and after then things happen to change and get in the right way.” (Group 4, male)

“I will go. Because I thought sometimes my own vision, my own things I can’t solve it on my own. So when someone gives me advice, I will take it and maybe it will help better than my own advice.” (Group 2, female)

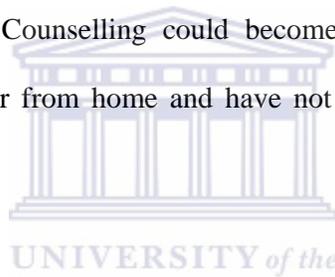
“I think that it is a valuable thing – very, very valuable cos it helps people a lot...then would be in a better position to make informed decisions about their lives...” (Group 4, female)

“I think that it is a valuable thing ... people who have worked on their self esteem then would be in a better position to make informed decisions about their lives...” (Group 4, female)

“Me personally it has helped me to realise things I didn’t know before I came to counselling. It has helped me to know myself and to look at life in a different way...Like I can’t be influenced – no peer pressure – nothing... So I didn’t know that before I was involved in this counselling.” (Group 3, female)

“I wouldn’t mind to come to counselling, I think to tell people what you are going through – it is much better than keeping it inside.”(Group 4, female)

One student felt that Student Counselling could become a “surrogate family” of sorts, especially when students are far from home and have not got anyone they trust to talk to when they have a problem.



“It’s a positive and I speak mainly for the people that live here in residence – cos I mean you are not around your family and you go and you finish your classes and you are alone at home – maybe problems with your friends in class or someone told you something. Then student counselling is here, someone you can talk to – can help you out – speak about your problem.” (Group 2, male)

While the peer helpers were aware of the difficulties they were facing in educating students about attending student counselling services, they appeared positive and motivated to come up with solutions to empower their fellow students.

“Generally, I just want to say that we should just look at the positives that we have right now and just try to develop on that and see where we can reach out ... not get

discouraged by the fact that we can't reach the whole campus – but really just look at the positive and build from that.” (Group 4, male)

“But many crisis – yo come from students hey, but they wouldn't go to counselling because there is still that stigma in connection with counselling...Then sharing knowledge – it does make it more vibrant for students to be able to be bold enough to come through - especially when we, as peer helpers, accompany the person there.” (Group 4, male)

4.3.3 Marketing of Student Counselling

This section considers issues relating to the marketing of Student Counselling, as implied by participants' knowledge and awareness of the services offered by the unit.

Some participants had heard negative reports from their friends about the manner in which they were received at Student Counselling and were therefore reluctant to approach Student Counselling. However, it was difficult to establish whether these reports were pertaining to the Health Clinic, where the doctor's rooms were located, the HIV Unit, or Student Counselling, as the students seemed to be confused between them. At CPUT on the Bellville campus, Student Counselling and the Health Clinic are situated next to each other in the same building, but are considered separate departments, each with their own entrances and own reception areas. The HIV unit is also a separate department and is situated in a different building. The Health Clinic conducts voluntary HIV counselling and testing to students as a small part of its mandate and also provides medical support to HIV positive students. However, despite this being the case, students felt that it was necessary to market the differences between the two more effectively in order to help distinguish between them more clearly.

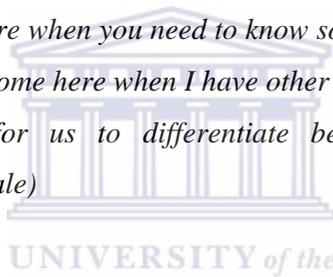
“...I thought that Student Counselling was for people who were HIV positive – I didn’t know that if you are having a problem you can go and talk to the counsellor.” (Group 3, female)

“... thought it is just one thing – it’s a half department – it is related - if you get tested and then you can come to counselling here... most of the students we don’t know the difference between Student Counselling department and the clinic... if I had that experience in the clinic, I wouldn’t want to come for counselling...” (Group 5, female)

“I think there really is a need of the people to make us know the difference between Student Counselling and the clinic...Most of us we know that there is a Student Counselling... but then we call it with one name – the clinic.” (Group 5, female)

“I thought you only come here when you need to know something about HIV and AIDS...I didn’t know that I can also come here when I have other problems.” (Group 5, female)

“...awareness is needed for us to differentiate between the clinic and Student Counselling” (Group 5, female)



Many of the students did not know what services Student Counselling offered or where it was situated. They felt that Student Counselling needed to make students more aware of the services that they offered.

“...I know what it is about, but I don’t know all the things that they offer.” (Group 2, male)

“Maybe teach people, tell people how it works ...Try to make them understand...” (Group 3, female)

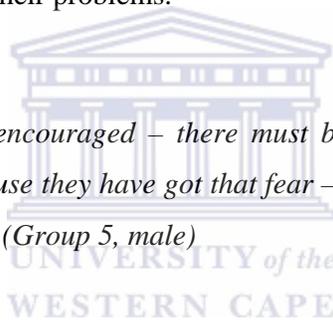
“So I think you can also put posters to the library so that the students should know what it is all about so that they can come with their problems.” (Group 3, female)

“...they should advertise cos maybe many students don’t know about the counselling from here...at the Student centre.” (Group 3, female)

“...making students more aware of the different branches in Student Counselling – so it isn’t just for when you have this major problems or facing these major issues... also... for your personal upliftment and your personal development...maybe some workshops or presentations ...so that students may just become more aware...” (Group 4, male)

The general feeling in the focus groups was that students’ feelings towards help-seeking and student counselling services should be addressed by relevant role-players in order to encourage them to overcome their fears and reluctance about approaching Student Counselling for assistance with their problems.

“So students have to be encouraged – there must be that encouragement to come to Student Counselling. Because they have got that fear – because they are thinking of many things or confidentiality.” (Group 5, male)



In this respect, participants were asked for their ideas about strategies to encourage and enlighten students about the services available to them at Student Counselling. The participants were generally very enthusiastic and forthcoming with regards to ideas to market student counselling services. Their thoughts, ideas and insights were varied and made reference to various marketing mediums (e.g. email, posters, fliers), as well as marketing interventions, for example using the disc jockey during breaks at the Student Centre; shows that entailed the acting of scenarios to encourage people to make use of student counselling services; utilising a well-known and respected celebrity to encourage people to go to Student Counselling for assistance; and greater visibility of peer helpers. They also highlighted problems that need to be overcome, for example, making student counselling services more

visible, marketing within the various faculties (peer helpers could be used to do this) and the like.

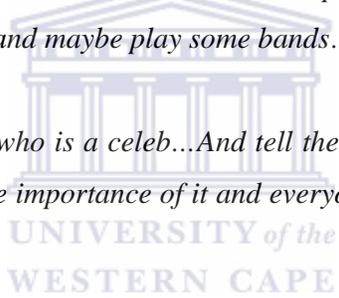
“Or maybe having something in the student centre maybe one lunch time – to promote Student Counselling.” (Group 2, male)

“Either at the Student Centre or outside at the dome – most people – I mean not everyone goes to the Student Centre, but everyone walks past the dome – more or less once a day....” (Group 2, male)

“Acting, maybe acting also.” (Group 2, female)

“...Vodacom people they come here and have a competition ...then you talk after that and then play some music and maybe play some bands...” (Group 4, male)

“...maybe invite someone who is a celeb...And tell them, you must explain to them about Student Counselling – the importance of it and everyone will listen to that guy.” (Group 4, male)



“...maybe make a show because students like shows and stuff – whereby we are just going to do maybe five minutes presentation and talk about and explain everything. Not bore... they don’t like speeches and stuff. So something vibrant with the flag and the peer helpers and Student Counselling – explaining the brochures ...what you can gain.” (Group 4, male)

Some participants suggested directing marketing strategies to specific student groups and student contexts, such as the international students’ meetings and orientation, where a captive audience could be found.

“For me I think it is marketing – the way you market yourself. You’re concentrating on one place – like for instance in that department that I am in ...I have never seen

anything about counselling there...I think you should spread your marketing across the campus and not concentrate it in one place.” (Group 3, female)

“Or maybe during orientation have some pamphlets to hand out to students – to the first year students – make them aware that there is Student...” (Group 5, female)

“...you can address that through meetings ...we have a welcome meeting for all international students at the clinic ... the Peer Educator are the people to give the message to others through the campus.” (Group 5, female)

4.4 The Researcher: Self-reflective Issues

While I was doing the analysis for this study, I struggled with limiting myself to the inclusion of only some quotes drawn from the transcripts. I felt that each person had many valuable insights to share and by excluding their entire dialogue from the report was somehow removing the quintessence that they were trying to share. I also struggled to identify what I felt were the latent messages that were struggling to emerge during these interviews. This became a source of great frustration to me as I felt that I was failing to deliver the full message of this study.

I was also aware that both my gender and my position as a White female may have been a barrier in the interviewing process and could have possibly influenced the process of data collection, as well as the interpretation of data. I attribute this to my lack of in-depth knowledge on culture-bound attitudes outside of my own framework of reference, and to gender perspectives that are different to mine. To minimise this, it was important for me to be empathic in my understanding of shared information, to ask questions when I was unsure and to draw from various sources to enhance culturally relevant knowledge in order to better understand both the process of collecting data and the interpretation of results.

I was aware that another issue that could have possibly posed a challenge was that of being an intern psychologist. In particular, I had some concern that participants may have been reluctant to give negative feedback for fear of offending me. I addressed this potential barrier by remaining empathic and engaging in acute listening skills. This position appeared to encourage the participants to share real and personal feelings without being concerned that they were offending me. I also needed to be aware of the political history pertaining to psychology in the apartheid era. During this time the government funded psychological studies in order to support racist claims made by them and to keep Black people in a state of oppression. Cognisance was imperative in order to be sensitive to and aware of this, and to understand that negative perceptions of the profession in so far as it supported apartheid are completely legitimate.

With regards to questions pertaining to cultural perspectives, many of the participants appeared to struggle with this. I found this to be quite surprising, as I expected the participants to have strong opinions and be acutely aware of their needs pertaining to culture. This caused me to become unsure as to whether there was some underlying reason for this to occur or if people from various cultures were becoming more willing to experiment with alternative approaches.

4.5 Conclusion

This chapter focused primarily on the dominant themes that emerged from the focus group discussions. These themes are framed against the context in which the research was done, which considers issues of personal attitudes towards psychological therapeutic intervention with reference to such issues as the role of gender and culture in help-seeking behaviour, as

well as the barriers to help-seeking behaviour, such as fear of judgement and rejection, and language. This chapter also includes participant's suggestions for the marketing of student counselling services. The chapter concludes with a section in which the researcher comments on issues of reflexivity, which includes the researcher's participation in the research process.

The area that emerged as students discussed attitudes and perceptions of seeking psychological counselling included issues around their family, community, as well as their personal attitudes towards psychological counselling. Under the theme of personal attitudes towards psychological therapy various sub-themes emerged, such as student's fears of how their peers will judge them should they attend Student Counselling for therapy and their preference for speaking to a friend rather than utilising student counselling services, the reluctance to have the family or other people enter the therapeutic counselling session and barriers to receiving psychological therapy at Student Counselling. Other themes that emerged related to issues of gender and culture in relation to seeking help, as well as the effect of language and other barriers on participants' attitudes towards entering the therapeutic space. An interesting finding that emerged suggested that increasing numbers of students appeared to be shifting towards more favourable attitudes related to seeking psychological therapy. This study revealed that there appears to be an increasing openness and acceptance of the younger generation towards seeking out and receiving psychological counselling for problems that they may be experiencing. In addition, peer helpers shared their thoughts from a personal perspective, drawing from their experiences and challenges pertaining to Student Counselling, in an attempt to explore ways that would assist in increasing this shift amongst all students. The final theme provides suggestions for the marketing of Student Counselling in order to create awareness and attract more students to utilise the opportunities provided to them by student counselling services. It also highlights

the necessity to create awareness that there is a difference between Student Counselling, the Health Clinic and the HIV Unit on the campus.



CHAPTER 5

CONCLUSION

5.1 Introduction

This chapter summarises the major findings of the research study in terms of the dominant themes, issues, and offers suggestions for interventions to enhance access to, and use of student counselling services at universities. Some of the limitations of the present study are also considered, along with recommendations for future research.

5.2 Summary of Research Findings



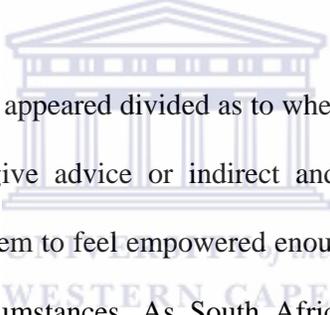
The research findings presented here represent the attitudes and perceptions of students at Cape Peninsula University of Technology (CPUT) in Bellville towards seeking psychological counselling. The study confirmed the research findings by Dear & Taylor (1982) and De Jong (1987) that argue that community attitudes influence the help-seeking behaviour of people. The findings of this study support the view that ignorance about advances in the diagnosis and management of mental illness, the availability of effective (and cost-effective) treatment, and the fear of stigmatisation may prevent people, who are experiencing psychological or interpersonal problems from seeking professional help.

While participants in this study gave the impression that they have a satisfactory understanding of how good emotional health contributed to an overall feeling of wellness, they appeared to lack a deeper understanding of the implications of psychological distress, as

well as the possible benefits of the therapeutic space and how it could assist them in attaining psychological wellness. Some participants shared that their families preferred to speak to the pastor in their local church or alternatively a friend, as opposed to a psychologist. They found that these people would be a better option, as they had daily contact with them and had developed a trust bond with them. However, what could be of concern is whether these people were equipped to recognise and effectively manage extreme mental disorders and/or whether they would refer people to services that specialise in managing these disorders.

According to the Theory of Reasoned Action, behaviour that is under volitional control can be effectively predicted given knowledge of an individual's attitudes and his/her subjective norms. This theory provides a construct that links individual beliefs, attitudes, intentions, and behaviour (Fishbein *et al.*, 1994). Study findings showed that according to this theoretical model the attitudes and perceptions of the community towards the person seeking help influenced their decision-making as to whether they would seek psychological help at university. It was found to be evident that students are very susceptible to the thoughts and opinions of people in their community; and that they were reticent about seeking help at the university for fear of being negatively judged and ostracised by their family, community and peers. Research findings also indicated that students' fear of being negatively stigmatised resulted in them avoiding psychological intervention for problems that they were experiencing. The study also found that the seriousness of the problem and the maintaining of confidentiality by professional psychologists played a crucial role in students' help-seeking before they were willing to consider psychological therapeutic intervention. This was a highly influential factor for them and they expressed extensive reluctance about help-seeking when they had the slightest notion that the counsellor was behaving unethically in any way.

It also emerged from the participants' responses that there is tremendous shame in admitting to an inability to cope in any way. The focus group discussions revealed that many African men were reluctant to seek out help, as they viewed this as a sign of emotional weakness. A possible reason for students in general feeling shame may be the belief and perception that students would be letting their families and communities down if they did not succeed, especially if they were the ones funding their education. The possible feelings of humiliation may cause students to struggle through situations on their own which in turn increases the probability of them developing symptoms of anxiety, depression and other psychological difficulties. It became apparent that an increase in the awareness of mental disorders is essential, in order for them to be demystified and de-stigmatised.



Students' attitudes in this study appeared divided as to whether the counsellor in the therapy session should be direct and give advice or indirect and help them to explore options available to them, in order for them to feel empowered enough to select an option that would help them in their current circumstances. As South African studies on the subject have provided very limited information on the cultural aspects of counselling utilisation, it is difficult to compare findings. Some students felt that they would feel dissatisfied if the psychologist was not able to solve their problem for them. Other students felt that they wanted instant solutions to their problems and did not want to have to explore the root or cause of their problem, especially if this meant that they needed to go back into their distant past.

Further attitudes regarding help-seeking behaviour were varied in that many students felt reluctant to approach Student Counselling for therapy because they feared being judged by their peers. This apprehension was of immense concern for them and many felt that they

would only approach Student Counselling for therapy if their situation was desperate and they could not cope with their problem, or if they were experiencing suicidal ideation. However, while on the one hand many students experienced these fears, the study also showed that there appears to be a shift taking place within the student body pertaining to an increase in openness to seek out support via therapeutic intervention. This change in attitude became increasingly evident during the focus group discussions. Towards the end of these discussions many of the participants felt that the process of speaking through their fears was valuable because it offered them a different perspective on the benefits of psychological interventions and student counselling services, which they found helpful. They also found that speaking through their fears helped to reduce them, so that they could make better choices in the future that were not fear-based. This was also evident in the focus group discussion that consisted solely of male participants. Despite feeling reluctant to speak about their problems, they actively participated in the focus group discussions and appeared to enjoy the process of talking about their attitudes, thoughts and feelings. This insight could be utilised to facilitate men's groups that focus on the challenges that they are facing, in order to not only gain support from each other, but as a process designed to destigmatise help-seeking. As the research process itself was received very positively by both male and female students alike, it begs the question as to whether this type of exploration could not be integrated into the course curriculum, which may be an effective means of encouraging students to access counselling services in the future. This process has been introduced at CPUT, where a life skills programme has been included in the first year course curriculum, in order to help students develop an understanding of psychological wellness.

Another possible reason for this shift may be hypothesised to be due to the impact of media on students, as an increasing number of television programmes have encouraged people to

open up about their problems, in order to work through them and as a result become more empowered. Some students may also have possibly witnessed a positive change in the coping styles of friends and peers who have utilised student counselling services and may have enquired about the reason for this change, which in turn brings about an awareness of the benefits of psychological counselling. Participants also inferred that their attitudes have been influenced by either the positive or negative encounters of other students who have used counselling services. Depending on the individual's experience pertaining to this, this may either support or hinder attendance at Student Counselling.

This highlights the necessity to differentiate and educate students about the differences between Student Counselling and the Health Clinic. Participants felt that at times students were treated unprofessionally by some of the staff at the Clinic, especially pertaining to the area of confidentiality and respect and that this reflected poorly on the general counselling services at the university. The reason for this was attributed to the idea that the general student body was not aware that there was a difference between the Health Clinic that conducts VCT for students and Student Counselling. Participants believed that students were also not aware that Student Counselling offered different types of counselling, such as counselling for problems like stress, anxiety, depression, relationship problems, career counselling, as well as other more serious problems, and not just HIV counselling. Participants shared their thoughts about the importance of increasing the awareness of the services that Student Counselling has to offer, so that more students would become aware of their options when they were facing everyday problems. They also felt that there was a perception that Student Counselling was only there for severe problems, such as drug/alcohol dependency, dealing with the impact being HIV positive, suicidal ideation and the like. It was felt that psychological education could bridge the gap between the fears and misconceptions

that the students hold and the reality of what occurs in the therapeutic space. Students felt that Student Counselling should include in their awareness campaign a way of “normalising” mental disorders like depression, anxiety and the effects of stress (including post-traumatic stress) and adjustment, in order for students to feel more at ease about seeking out psychological intervention should they begin to experience related symptoms. They felt that this could be done by way of a marketing campaign run by the peer helpers and/or during orientation at the beginning of the year.

The focus group that consisted of peer helpers appeared positive and motivated to promote and market Student Counselling. They explored ways that they could go about marketing the student counselling services in a student friendly way, as well as refer students for psychological counselling, in order to create greater awareness amongst the wider student body. They also discussed the challenges involved in trying to reach and educate students, and the difficulties they experienced with regards to the reluctance of students to access Student Counselling for fear of being stigmatised and rejected by their peers. It was apparent that it was necessary to increase the peer helper base so that peer helpers could reach more students. In drawing together the threads of what was shared during the focus group discussions, it was evident that peer helpers, with appropriate training, could play a key role in demystifying mental health concerns, as well as facilitate further attitude and psychological shifts within the student body towards help seeking behaviour. Participants expressed that they preferred to speak to their friends, as opposed to speaking to a psychologist. They felt that their problems had to be severe before they would consider taking this route.

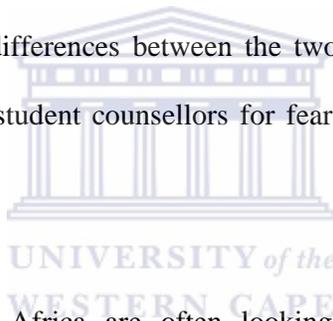
5.3 Significance of the Study

The research findings have a number of implications for student counselling services in general. The outcomes of this study may further contribute to informing the university's goal to provide accessible, quality and effective development and support services to all of its students. Findings highlight the need for generalised education around student counselling services and other services that are available to the students. Many of the students were unaware of the services offered at Student Counselling or where it was located. There is also a need for extensive education around mental disorders and the impact they may have on the person's life. Creating a better understanding of psychological difficulties, their possible causes and management thereof, could reduce the barriers to help-seeking and encourage people to make use of available resources, in order to become empowered in situations, should these symptoms arise. Education around the impact of psychological adjustment of students when entering into a new educational or living environment should also be explicated at length, in order to normalise co-morbid disorders related to adjustment difficulties, such as depression, anxiety (including separation anxiety and anxiety around performance and examinations), post-traumatic stress, as well as the effects of self esteem on the general functioning and well-being of the individual. It is expected that this would "normalise" the challenges experienced during this time and help students to recognise the possible negative symptoms that may arise, in order to encourage them to seek support during the early stages of psychological dysfunction, so that they may be empowered in the management of these symptoms before they become compounded.

The findings also suggest that specific education on the benefits of psychological intervention, what this intervention may entail and the possible advantages it may have in the student's life is urgently needed in order to minimise stigmatisation of students who decide to seek out psychological counselling. This education will hopefully facilitate a more accepting

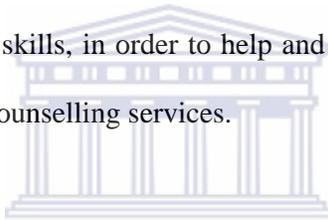
environment within the student body, which could result in more people feeling comfortable in attending therapy to empower themselves during times of distress. Student Counselling departments may need to give equal attention to their developmental, preventative and curative roles and engage with students at different levels of intervention, including individual counselling (psychotherapy), small group work, workshops, presentations and self-help publications.

There also appears to be a need for Student Counselling to reinforce itself as a separate division to the Health Clinic where the HIV counselling, testing and support takes place. While the offices of the two sections are separate, there does not appear to be sufficient education with regards to the differences between the two. This uncertainty results in the students' reluctance to consult student counsellors for fear that they will be stigmatised as having HIV.



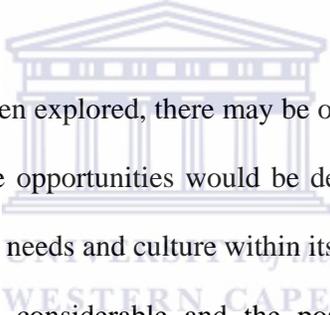
Further, universities in South Africa are often looking for a sustainable peer helper programme that can effectively deal with mild and expected adjustment challenges. As peer helpers are undergraduate students that are drawn from the university's student body and live amongst the students and share similar experiences, they are in a valued position with regards to having accessibility to students and capitalising on peer influence, as both peer advisers and peer counsellors, to free student counselling services from routine counselling tasks. With appropriate training, peer helpers would be able to play an important role in demystifying mental health concerns and help-seeking behaviour. A possible option would be to train two types of peer mediated assistants, one being peer advisors whose task would be to market and promote student counselling services and to be seen as "gatekeepers", occupying a position between mental professionals and persons in need of help with

emotional and psychological problems. An example of this was cited in a study conducted by Bernard, Roach and Resnick (1981), who explored training students who worked as bartenders on campus as student advisors as they were often placed in a strategic position where they could facilitate help-seeking behaviour and/or make referrals. Peer advisors can also help students entering their first year to adjust to the environment of a large university by serving as experienced guides, advisors, confidants, or friends to whom the new students can easily relate. They can also act as a link between students who are adjusting to or living in residence and to student counselling services. The second type of peer mediated assistant could be peer counsellors, who are involved in a variety of intervention strategies aimed at empowering the student. Peer counsellors are trained in cultural sensitivity and advanced counselling and communication skills, in order to help and counsel other students and assist with various aspects of student counselling services.



To be effective, these students must first examine their own personal strengths and weaknesses, know problem-solving strategies, and learn specific helping skills. The peer counsellor's predominant role would be to assist people in finding their own solutions by clarifying thoughts and feelings and by exploring various options and alternatives. Some ideas pertaining to the added role that peer counsellors could play could be to involve them in facilitating self help/support groups that may be structured for students in order to overcome a life-disrupting problem, adjusting to life on campus and/or debriefing unsuccessful exam results. Peer counsellors can also facilitate peer-led sex education and unplanned pregnancy campaigns, as well as HIV prevention drives. The use of the campus radio station may be a non-threatening informative way for student counsellors, as well as other role players to promote student counselling services, which could include hosting counselling programmes that discuss relevant psychological topics that may help student awareness pertaining to

psychological wellness. Listeners could be invited to call in during the show with questions and comments to which peer counsellors and other role players within student counselling services could respond. Another important area where peer counsellors could be utilised is in residences where they would be involved in the counselling of students staying in residence and providing psychological support to resident assistants. They could also facilitate workshops for resident assistants to develop and implement an increased awareness of situations that may increase burnout and decrease their ability to function effectively as students and resident assistants. Peer counsellors can also facilitate a support group for physically challenged students in order to assist them in adjusting to the challenges that they may face daily.



While some possibilities have been explored, there may be others that have not been included in this section. Essentially, these opportunities would be dependent on the resources of the university, as well as the specific needs and culture within its environment. However, what is evident is that the potential is considerable and the possible benefit of peer advisors/ counsellors is significant.

5.4 Limitations of the Study

A qualitative research framework was considered the most appropriate for this study, as there have been many quantitative studies conducted on this topic. However, despite its advantages, some limitations emerged. Firstly, the transcription and analysis of the qualitative data was time consuming and labour intensive. Secondly, due to the choice of framework and method, and small number of participants and focus group discussions, the results are not generalisable to the larger population. Thirdly, the interpretations of the results are formed

from the researcher's subjective point of view and can therefore be interpreted differently if analysed by another researcher.

Every study has its limitations but research about attitudes and perceptions seems to have intrinsic restrictions. Even when characteristics of attitudes and perceptions are made clear by a study, the wording of the question and the effects of sampling may add ambiguity to any result (Morrel & Metzl, 2006). In addition, the reasoning and motivations behind these perceptions and attitudes are mostly suggestive and not empirically founded.

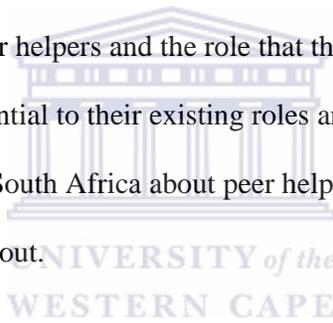
5.5 Recommendation for Future Research

More in-depth context- and culture-specific studies with regards to help-seeking behaviour, specifically in relation to psychological counselling, may be helpful in order to understand more deeply the inhibiting and facilitating factors that influence the attitudes and perceptions of individuals across communities. It is recommended that this be extended to include gender-specific analyses on attitudes and perceptions towards help-seeking behaviour. These types of studies may assist in understanding the depth of cultural and gender norms in shaping people's attitudes in relation to seeking psychological therapy and how these may help or impede their psychological functioning.

An additional area of possible future study pertains to the spiritual meaning systems of various cultures and how these assist them in coping with problems, challenges and crises in their lives. As South Africa is a diverse society, it may be of value to undertake comparative analyses that consider the influence of various religious and spiritual perspectives on help-seeking.

Future studies could also to explore the impact of various marketing strategies with regards to marketing Student Counselling, in order investigate the most effective way of educating students about services that Student Counselling offers, the possible beneficial effects of psychological counselling for a student, and whether these strategies were able to help students to overcome the factors causing them to be reluctant about entering the therapeutic space. This could be done via an impact study to measure the impact that various strategies have on the overall awareness created.

Lastly, it may be valuable to explore the influence that peers helpers have on fellow students and whether programs that utilise peer helpers positively impact and/or assist students. An impact study with regards to peer helpers and the role that they play within universities may uncover added benefits and potential to their existing roles and responsibilities. As very little research has been conducted in South Africa about peer helpers within universities, this may be an informative study to carry out.



It is imperative that in order for student counselling services to continue to meet the needs of all students within the university's population, psychological counselling service professionals must continue to critically interrogate their own effectiveness in delivering services to culturally and racially diverse groups and to persist in engaging in ongoing discussions and research on how to enhance the current system (Waldron, 2003).

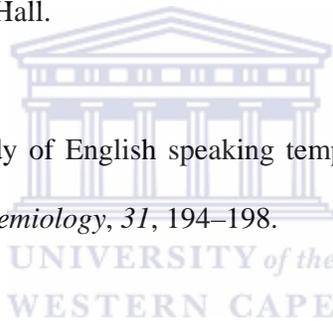
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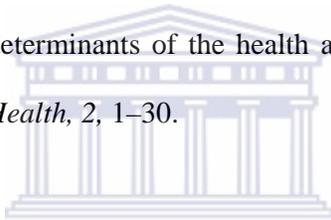
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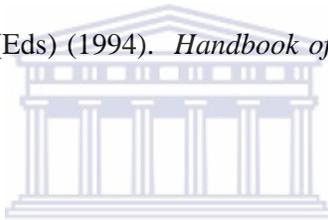
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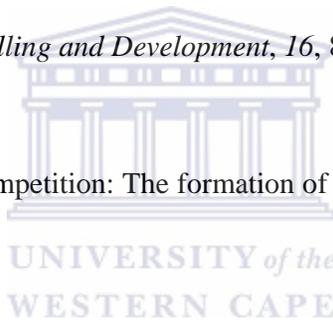
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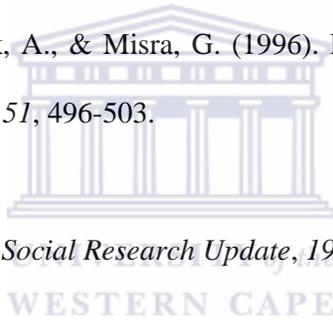
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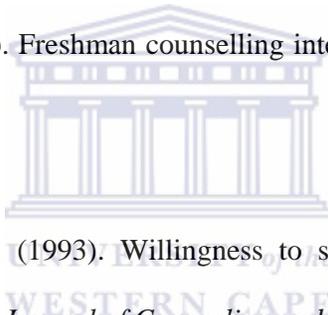
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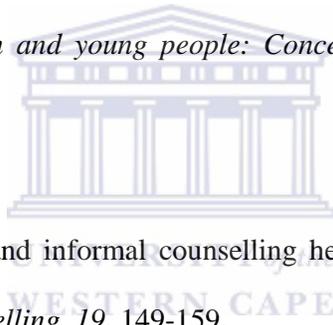
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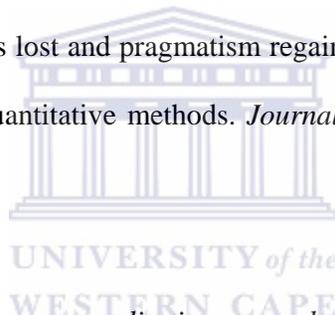
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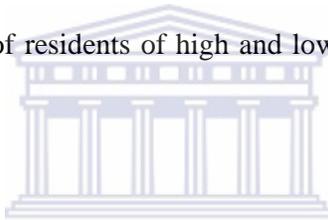
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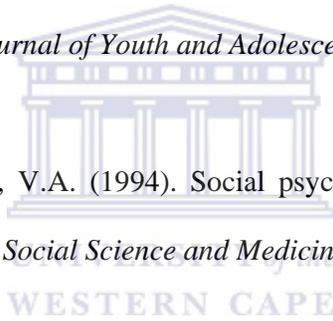
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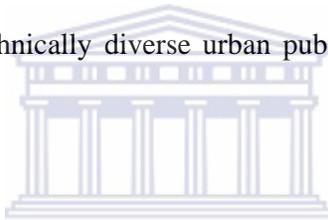
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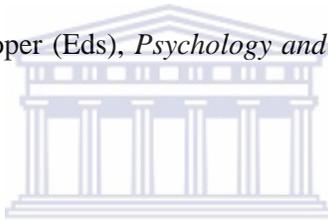
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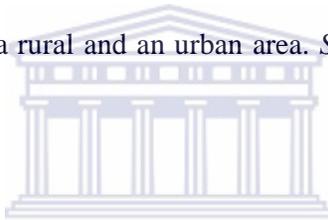
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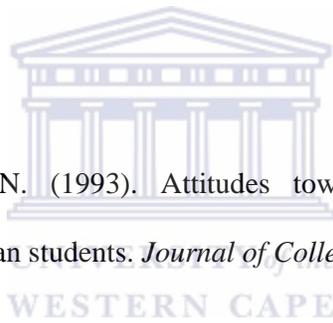
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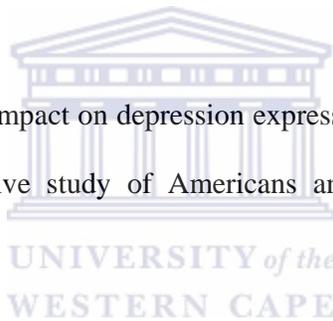
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APPENDICES

APPENDIX A

INFORMED CONSENT FORM

ATTITUDES OF CAPE PENINSULA UNIVERSITY OF TECHNOLOGY'S STUDENTS TOWARDS SEEKING PSYCHOLOGICAL COUNSELLING

Michelle Lawrence, M.Psych

Department of Psychology, University of the Western Cape, Bellville.

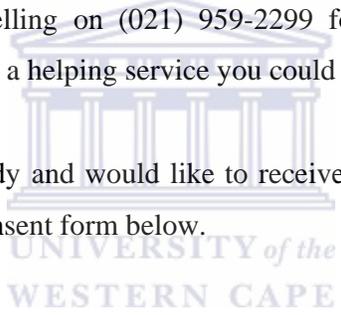
Dear Student

I would like to request your participation in a research study exploring the attitudes of CPUT students towards seeking psychological counselling. The study will help towards learning more about how student counsellors at the Institute for Student Counselling at CPUT can provide better services to students at the university. Participation involves attending a focus group discussion, which is expected to last between 60 – 90 minutes. The discussion will take place in a private room in the Library extension at the University of the Western Cape, Bellville. Please note the following:

- 1) Risks associated with participation in this project are minimal. However, the following is a reasonably foreseeable risk or discomfort: although procedures have been put in place to protect your privacy, you may experience some discomfort in answering personal questions about yourself.
- 2) The benefits to you or to others that may reasonably be expected from the research are improvements in provision of student counselling services at the university and the ability to effectively market them.
- 3) Confidentiality of records shall be maintained as follows: No identifying information will be written on your questionnaire. Although demographic information will be collected, it

will not be specific enough to identify any individual participant. All data will be stored in a locked box and only the researcher and supervisor will have access to this information.

- 4) If you should have any questions about this research project, please feel free to contact me, Michelle Lawrence, on 083 659 4849.
- 5) Please understand that your participation is voluntary, your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled, and you may discontinue your participation at any time without penalty or loss of benefits.
- 6) Should you find questions asked in the attached questionnaire bring back painful or difficult memories and you would like to talk to someone about your feelings, please contact the Student Counselling on (021) 959-2299 for either an appointment with a counsellor or for a referral to a helping service you could contact.
- 7) If you participate in the study and would like to receive a copy of the final study, please note this on the informed consent form below.
- 8) You may keep this informed consent form for your records.



If you have read and understand the above information, and are willing to participate in the study, then please sign below. This will grant access to reading and completing the attached questionnaire. When you are finished, return the questionnaire packet to your lecturer to be collected by myself.

I understand that participation in this study is voluntary and am aware of the risks, benefits and possible inconveniences associated with my participation. I recognise that I am free to ask questions, to refuse to answer questions and to terminate answering the questionnaire at any time. I also understand that if I do have any questions or problems concerning this research that I should contact the researcher, Michelle Lawrence on 083 659 4849.

.....
Signature of Participant

.....
Date

.....

Signature of Researcher

.....

Date

Yes, I would like to receive a report of the study's findings.

Address:

.....

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UNIVERSITY *of the*
WESTERN CAPE

APPENDIX B

DEMOGRAPHIC QUESTIONNAIRE

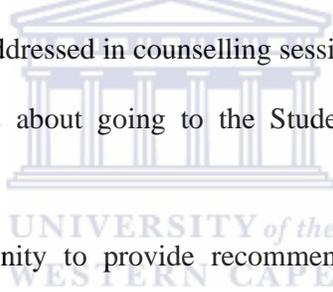
- a) Age: _____
- b) Gender: _____
- c) Marital status: _____
- d) Home language/s: _____
- e) Population group: _____
- f) Faculty currently studying in: _____
- g) Degree currently completing: _____
- h) Year of study: _____
- i) Past degrees that have been completed: _____

- 
- The logo of the University of the Western Cape is centered on the page. It features a classical building with a pediment and columns, rendered in a light blue color. Below the building, the text "UNIVERSITY of the WESTERN CAPE" is written in a serif font, with "of the" in a smaller, italicized font.

APPENDIX C

INTERVIEW GUIDE

1. Does having good psychological health play an important role in maintaining good overall health?
2. What are your communities' perceptions of counselling?
3. What are your family's perceptions of seeking counselling for personal concerns?
4. What value do you place on counselling services?
5. If you do not value counselling, what do you not value about it?
6. If you seek counselling, what are the key elements for a successful session?
7. How should culture be addressed in counselling sessions?
8. What are your thoughts about going to the Student Counselling to address your personal concerns?
9. If you had the opportunity to provide recommendations to improve the current services, what would you suggest?



APPENDIX D

FOCUS GROUP DISCUSSION TRANSCRIPTS

1. **Focus Group Discussion 1:** Male only group
2. **Focus Group Discussion 2:** Life Skills group: Male and female group
3. **Focus Group Discussion 3:** All female group
4. **Focus Group Discussion 4:** Peer Helpers: Males and female group
5. **Focus Group Discussion 5:** Multicultural group: Males and female group



FOCUS GROUP DISCUSSION 1

Friday, 11th May 2006

F: I just wanted to welcome you and thank you very much for your participation. This focus group is just basically to explore what your attitudes and perceptions are of counselling and it could be – if you had a problem, would you go to a therapist at Student Counselling? So it is about exploring the Student Counselling services and about your feelings around receiving therapy in the form of counselling. I will ask you a couple of question and then it is about getting the conversation going and exploring what everyone's attitudes are. So, I would really appreciate it if we could share ideas and thoughts about that.

Does having good psychological health play an important role in maintaining good health?

P1: Yes, I do so.

F: Okay, would you like to elaborate on that?

P1: Ja, because if your psychological health – if you are healthy inside then you can cope well – start of health as a human being generally.

F: Ok, thank you. Any other thoughts?

P3: I think it's also good but you also have to look at where people grew up like culture. Like from our cultures – people don't go to therapists when they have problems. You have to look for somebody that you have trust in. If you trust that person then you'll talk to that person than rather go to a therapist. But I think it is good.

F: Okay. And do you feel that your psychological health impacts your physical health?

P3: Yes

F: You think so? Do you want to elaborate on that?

P3: I'll do that once others have a chance to answer the question.

F: Okay, alright. Any body else, any other thoughts?

(Pause)

F: Maybe we could go around and just hear what everybody is thinking. Number two, would you like to ...

P2: Mmm okay. Sorry I got lost, I can't understand exactly what your question is.

F: Ok, so I'm saying if you are psychologically healthy - if your feelings and emotions and you are feeling good about yourself, you have good self esteem – do you think that that would impact in any way. If you have bad self esteem or bad feelings – like lots of problems and that sort of think – would that impact negatively on your physical health – so feeling healthy in yourself and/or would good self esteem and you feeling that you are on top of your problems and that you are coping alright - would that impact on your physical health?

(Long pause)

P2: Okay can you...

F: I don't want to force you to speak if you feel ... must I come back to you?

P2: You can take another one...

F: Okay, (laugh)

P4: Ja, I think it is healthy to feel good. Like me, if I'm not feeling good then maybe some things around me affect me – I'm feeling stressed, I can't focus, I can't do many things and then, ja it's healthy.

F: So do you feel when you are feeling stressed and that sort of thing that you start to feel less healthy as a person?

P4: Yes, I think so - I can't see so good. Even I can't focus, I can't read – always I want to sleep, I want to go outside and make alone there. That's why...

F: Okay, thank you

P5: I will agree with that because that will help you make your life smoother on. There will not be a hold on your life – like when you are stressed you fail a test – then you stress about the next one. I feel that the past affects me.

F: So you also feel that if you are stressed that it impacts on your physical health as well. So you are starting to get sick and that sort of thing or what do you notice about yourself?

P5: Most of the time people get sick about stress and something like that.

F: Ok, thank you.

P6: I agree with number four – I think it's a good thing if you don't have like your health – your physical health – have an impact on your life, uh your health. Cos, if you are stressed you just want to be alone, you are rude with other people, you are stressed and you answer softly and you shut other people down.

F: So you think it is quite important to be emotionally healthy.

P6: Yes

- P1:** In my case when I am academically stressed, or maybe I am under pressure for some things I tend to lose weight physically. Ja, I can see my body goes with stress – it happens a lot with me.
- F:** Okay, any other thoughts about that? (Pause). Okay, I am going to move onto number two. What are your community's perceptions about receiving counselling? And your community can be anywhere – it can be here at CPUT, it could be in your own community where you stay. But what are your community's perceptions – their thoughts and feelings about counselling?
- P6:** I've seen they don't go for counselling. Whenever they are stressed they go and drink and take away their stress.
- F:** Why do you think that is?
- P6:** That is the way they take out their stress (inaudible). Tomorrow morning when you come and wake up it is another thing – you forget about everything.
- F:** So you're thinking that men would rather drink or do something other than talking about it.
- P6:** Yes
- F:** What about the rest of you?
- P5:** My group of friends will always keep it inside – they won't open up to somebody. They hold it inside them. He is always down and then he is up and alright because when that passed you didn't know what was up with him or something like that.
- F:** So he just keeps it inside and eventually it passes and you move on.
- P5:** Yes
- F:** Ok. Why do you think that men don't want to talk about their feelings?
- P5:** Where I grow up that men they are not like women. They don't cry about everything. They feel pain about little things. I do know that it will pass but I do know that I feel that it will pass.
- F:** So you think that if you just stay where you are, eventually the problem will go away?
- P5:** It won't go away but it's my way. I don't want people to know what is happening to me and what I am struggling with.
- F:** Ok. Any other thoughts?
- P1:** Ja, it's true, I agree with you. Because they are my problems, who cares about my problems. They are having his own problems so why should I go to him and tell him my problems when he is having his own problems. So it won't make any sense. So it is

better for me to stay in my room, maybe sleep, maybe cry if I want to cry, but it is also not nice to be seen crying by another guy.

F: Why is that?

P1: A few years ago, I saw this guy go to the clinic for counselling. So it is nice to keep your head up and be strong.

F: So you saying then that if you see a guy going to Student Counselling for counselling, you would feel what about him?

P1: That this guy is weak man – what is he looking for here.

F: So, you would see him as a weak person?

P1: Ja, if you can't cope with your problems, who are you?

F: Okay. Is that how the rest of you feel about this.

P4: Yes, because men they think they not are strong when they cry – they cry always and they cry and hide themselves. They don't want people to see them. Even like me – when I am hurt – I can cry but not in front of people. I go outside and stay there alone and cry then it will pass and I will feel alright next time. Ja, that's all.

F: And what would you think about somebody going to Student Counselling for help?

P4: Eish! I don't know. Because I have never seen someone go there. I think maybe this is a little problem not like mine – mine is big – and I don't think – no – that guy has a big problem like me, maybe he's going to talk about a little problem.

P1: Maybe relationships and those sorts of things (laugh).

P4: Ja, (laugh) and I think I can't go there with my problem – people, what will they think about me? Maybe I'll think no this is a little thing but inside it is big. And then when people hear me crying about little thing - they will say this one is a coward.

F: So you thinking that if you go to a therapist and you start sharing what you think is a big problem, and then they think it is a little problem and then they going to think that you are a coward because you are crying?

P4: That's how I am. I can't go there.

F: Mmm okay.

P2: Mmmm, I think it's very good, its very nice for somebody to go to Student Counselling for us about some solutions because what I know – each and every problem itself has its own solution, so maybe I have a problem and you can solve it for me and maybe the problem that you have, I can solve it myself. So it is important to share our problems.

F: So what makes you different to other people in this group?

- P2:** (laugh). No it's just the way I think.
- F:** How does your community feel about that – do they agree with your thoughts?
- P2:** Yes, I think so – but that doesn't happen for the whole community.
- F:** Ok – so not the whole community think that way.
- P2:** Yes.
- F:** What do you think your community thinks about that?
- P2:** Mmmm, people will say the community feel unhappy to share ideas with other people ...*(inaudible)*
- F:** I'm confused as a person that maybe doesn't come from your particular community. Why would people not want to share their feelings? Not just from a male perspective – but maybe generally. Yes number 5?
- P5:** From where I come from in my hometown, there's a young person in counselling, but he is an African, he's black. So weekends he hangs out with the youngsters. So most of the people don't go to counselling because they know that tomorrow everything will be on the street. That's why they hold back – they won't talk to the counsellor. Just sit there and give advice to the others. Don't go there cos the rest of your life will be on stage then you have to go there.
- P1:** Yes because the person that sits in the office is just a person who studied for the thing – she's making money. She will obviously give you the right answer that you want to hear. She won't feel your pain. I mean she just wants the thing to pass – you are a customer to her – a client. I mean what is the point? You don't understand my problems, I have my own problems but you are saying I will pass over it because of all these problems...Ja.
- F:** Okay. So you are saying if I understand number five, you are saying that a black person had gone for therapy
- P5:** No he was the therapist...
- F:** Oh he was a therapist – I understand now. Did word get on the street after that – after people went to go and speak to him?
- P2:** I don't know, but I heard that other people said – don't go there because they don't trust this guy.
- F:** ... don't trust things...okay, alright.
- P2:** From my perspective I think if I'm at that break point, I'd rather go into my room and sing worship and praise and then that will make me feel better – if I am alone and just sing or something – at my place and worship – and then after that I am feeling much better.

- F:** Okay. Any other thoughts from that question? (pause). Okay then I'd like to ask, what is your family's perceptions about seeking counselling for personal concerns. Your own family. (pause)
- P1:** My family generally feel it is okay to seek help, but me myself, as a person, I think it is somehow letting everybody in the community in the end of the day to know what is going on around you and all those things. Ja, but I feel it is strength – I must tell them - but I feel myself that I would deal with it myself.
- F:** So your main concern is that if you do bring yourself to share your problem that everybody is going to know about it and talk about it – talk about you and your problem – in the community.
- P1:** Ja
- F:** Okay
- P2:** Okay, what I can say is that my family is happy to find out the whole solutions if they have problems but what they dislike is to go outside with it. If we have a problem we put it here in the family.
- F:** So you are saying if you have got a problem it must stay in the family, it mustn't go outside...
- P2:** and say my problem not outside in the community.
- F:** Okay, so you mustn't talk outside. Okay. Anybody else?
- P3:** My family, (inaudible)...what they do when they've got a problem, they don't speak to them they go to the pastor. What I do, if I've ever got a problem and I want to talk to someone I go to my friend. And then he has got advice for me – he won't do that for me. And he may feel like maybe he should go and talk to my family and talk to them, but I feel that if I had any questions – he would give me whatever I want – from him.
- F:** Is that the pastor?
- P3:** No, someone I trust.
- F:** Oh, Okay. So you look for that one person that you can trust and then you would talk to that person...
- P3:** Ja
- F:** Okay. Even if they are not in your family?
- P3:** Ja
- F:** Any other thoughts?

- P5:** I will settle for my friends – on that point – if I go to a therapist, it should be major.
- F:** So, little things or daily problems, you talk to your friends? And does that work for you?
- P5:** Ja, most of the time because they know my background and even though they tell me, “tomorrow you will feel better”, at least I have talked to somebody.
- F:** Mmm. So you feel as though you’ve got it out and expressed it?
- P5:** Yes
- F:** And your family, what does your family feel about seeking help?
- P5:** They won’t go and see a therapist. I can’t talk to them, my mother will ask the neighbour – what are you doing – if her son is doing something. So I won’t really help her by asking.
- F:** Okay. Anybody else want to add to that?
- P4:** People in my family – they don’t discuss it. They experience problems and they just hide it and they don’t want to talk about it at all. Just leave it and it’ll be okay – that’s why I don’t know how they feel about it because they say “no, leave it”. That’s all.
- F:** And how does that affect you?
- P4:** Man, it does not affect me, man because I grew up in that family and even if there is a problem, I know it can’t come again. Even if it does come I say it will pass again - it’s a problem – a part of life – a problem in life. That’s all.
- F:** Okay.
- P5:** Another thing the family doesn’t talk nicely, they shout most of the time. “I told you”, and “why you doing it again, you’re so stupid”. Pause... It doesn’t really help.
- F:** So, you don’t feel heard, you don’t feel that your problems...
- P5:** It makes you that time angry.
- F:** Makes it worse?
- P1:** Ja, it’s the same like you make a girl pregnant. It’s not easy to bring this problem to the family. Plus it’s another problem that you bring to the family. Ja, maybe you go to a friend – and my friend aaah – what is wrong with me and this girl? So it safer for me not to let these people know – if you can just know and hide those things.
- F:** So, in order to speak to your friend, I take it there has got to be quite a bond?
- P1:** Ja there must be, they must be very nice friends.

- F:** Because, I mean, one of the things I heard you say is there is this thing about your information spreading in the community. Is that not the same for you when you share with your friend?
- P1:** That is because you know your friend very well and he don't talk to somebody else.
- F:** So is there a kind of an unsaid thing between guys that if I share a problem, it stays with you? If you are a close friend...
- P1:** Ja, if your friend is a friend maybe long and you know the person very well. You know this guy doesn't talk from us. He doesn't make my feelings out – it just stays with this guy.
- F:** Okay...
- P1:** It's nice, when you tell him now – when you see another one there – you just tell him minor things.
- F:** So you keep things more surface with people that aren't your strong friends. Your strong friends you will maybe share what's on your heart.
- P1:** Ja
- F:** Okay.
- P2:** I think it is very important to seek for making the solutions and in an indirect way you see – like maybe if I have a problem and come to you or to my father there and ask for some solutions – I will not talk as if it is my problem, I will tell him as if I am seeking a solution for the other person, you see – so that it does not spread in the community. So that my problems will be protected.
- F:** Okay, anything else that you would like to add to that, maybe from any other angle? Anything we haven't covered here?
- P5:** Your friend won't really help you, but the way he is talking to you, it makes you skim – okay he can't help me - so he will direct you to somebody else and then you will understand. Yo! It's major. Like my friend Evan, every time I talk to him, he has solutions for this one. So if your friend says, "go talk to your mother or a counsellor" you should do that.
- F:** So, if he says that maybe you should go talk to somebody else then you might just take that advice.
- P5:** I will take that advice. If you haven't time to, then he helps you with that.
- F:** Okay, then I want to ask, what value do you place on counselling services?
- P1:** In counselling services? Me myself, I have never been in the office here but what I heard is it's a bit poor.

- F:** Okay, can you elaborate on that?
- P1:** The service itself, from the person who is attending there, I heard it is a bit rude, or he is a bit rude. I haven't seen the person is a she or he, but I heard the person is a bit rude. Now that gives me a certain perception of the person...ja, so...
- F:** Are you saying the person who is making the appointments or the counsellors are rude?
- P1:** They saying the counsellors there or... one of them must be rude inside.
- F:** Okay, so you have just heard that somebody was rude...
- P1:** Ja
- F:** ... and then that gave you the perception that everybody there is rude?
- P1:** Yes, they must be rude. There is a problem in a place... how can you be rude to me if I'm already having this problem and you are rude its not good. Rude plus rude is... (laugh)
- F:** (laugh) ... a mathematical equation...
- P1:** ...is gonna explode.
- F:** Okay
- P3:** From my point of view, I don't have a problem with the counsellors. From my point of view, if I know you and you know me, I might just feel a little off-putting because we know each other. If it is a different person staying in another town or something like that, just like here at CPUT, I will go and speak to a counsellor. In that way, because I don't know her and she don't know me or him...
- F:** You're not going to see her in the community and things like that.
- P3:** Yes
- P1:** Ja it is true what he is saying because there was a time when I wanted to do my HIV test. So I thought aah, it's not a nice idea to go in because if I am positive with all this guys and I meet this guy and I came out crying – there must be a reason. So instead I went out to town where nobody knows me. Because if I'm positive, I'm positive – I know it myself.
- F:** Okay, that is actually a very interesting concept because aah – with the VCT - are you talking about the VCT drive that they did?
- P1:** Mmm.
- F:** Okay. So you are saying that you would be worried that if you got a positive result, what your reaction would be and how people are going to see you then.

- P1:** Obviously when you are coming out your face must be red. You won't be the same. Somebody is trying to call you in the corner, but you can't hear the person. He must think "Aah, this guy, he told me that he is going for a test and now he cannot hear me calling him. Something must be wrong, he is positive". You see.
- F:** Okay
- P1:** Ja these people, the students, my colleagues we see each other in school, so...
- F:** Okay. Any other thoughts about counselling?
- P2:** I haven't been there – this office there – and I haven't seen anyone coming to this office now, but I think it is good that it is there it is sometimes worth it, irrespective if they go to the counsellor – they will get help. Cos those students if they come in they will get help. If you don't believe in counselling its wasting to go to a counsellor. Those who believe in that can come and get help, so it should stay there.
- F:** Okay, thank you.
- P2:** So, what I can say – I have gone there many times and I came back with the answer to all my questions. So...
- F:** So you have been to counselling and it has helped you?
- P2:** Yes.
- F:** Okay. And did you... if you wouldn't mind answering for me...did you experience some of the things that they are talking about here – about counsellors talking about your stuff outside to your friends and stuff like that.
- P2:** No, I can't say that.
- F:** And have you had any negative repercussions as a result of coming to counselling?
- P2:** No.
- F:** Okay. And did you find any of the people at student counselling rude?
- P2:** No.
- F:** So, you had a different experience.
- P2:** Yes.
- F:** Okay.
- P1:** Now you see, by this guy's admission that he was there, I already put him in a second class. You see, I mean ... I already thought, "Aah this guy was staying there. He can say it – they're not rude". It already went through my mind already.

- F:** That's interesting. So before he said that, did you think of him differently?
- P1:** No, no, no. It's like ah he's a strong man. But now he is going to the counsellor – he must be weak.
- F:** (to P2). What are your thoughts about that?
- P2:** No my brother, it doesn't work in that way.
- (Pause)
- F:** Why do you disagree with him?
- P2:** Just because I have gone there many times to ask about some things, you see, and then I came back there and all my questions were answered. I always get help there and I can't hear my problems – what I was asking there – other people talking about it here outside. So, it is secure.
- F:** Do any of you feel the same way as number 1?
- P1:** Towards number 2.
- F:** Towards number 2, yes.
- P5:** I can't put a value on counselling cos I haven't been there before. I always talk to my friends or keep it inside. But I will speak of experience someday when I come from there. But not now.
- F:** And towards number 2, do you feel any differently towards him?
- P5:** Ja, from a guy point of view, yo, I can't ask this guy to help me with this [problem]. He will always go to counselling, how will he help someone? The counsellor will always help him, he can't help me. Think about that.
- F:** How do you feel about that number 2?
- P2:** Mmm, sorry can you repeat that again.
- P5:** I said that when I saw you going to the counselling and I have a problem and maybe you're the nearest one to me – he ask me now for something. You ask me – then maybe I'll make fun of you then I take him to you – and then I take him to you and when he comes to you, I tell him, "No he won't help you because he goes to counselling, he can't help anybody."
- P2:** No, what I think – maybe you can come to me with the same problem that I was asking for in the counselling. And I always get help there, so I can help you if it's the same problem I had there.
- F:** So, would you say that you are more equipped to answer his problem – better – because you went to counselling and learnt different ways of solving the problem.

- P2:** No, I didn't say that I can answer him better, but I can give him the same answer that I have got from the counsellor.
- F:** Okay.
- P2:** If it is the same problem or the single problem to mine.
- F:** Okay. How do you feel [no. 5]?
- P5:** I never considered to go to counselling.
- P6:** Same with me – I never went there, so...
- F:** Okay. So it has not been a consideration? Is it something that you feel you would open to in the future or is it completely that... I'm interested in what your thoughts are.
- P5:** I don't even think about it.
- P6:** I can't say anything cos I'm already used to everything. Maybe if I get stuck (inaudible)...once I get problems and get stuck, I'll consider my case and go to the pastor – only if I get stuck.
- F:** Okay
- P6:** Only if I get stuck.
- F:** So you look to the pastor if you get stuck for some solutions – for some other solutions.
- P6:** Ja, anybody can do counselling.
- F:** Okay. Um, okay, then my next question is, if you do not value counselling, cos some of you mentioned that, what specifically is it that you don't value about counselling? I'm trying to really understand this on a deep level.
- P1:** No, I think counselling is a European thing - it's not African. Those guys, like, no, everything for them is like they are thinking about technology, it's like a kind of technology to them. But for us – we believe we are strong. I mean we cannot be run over and over by a small problem. I mean, going to a person for help – that person (inaudible) - I don't know - it is just dumb to me. I don't see any reason for it.
- F:** So you thinking that's a European thing and that people from your culture are strong and they can cope with their problems.
- P1:** Ja
- F:** Okay. Any other thoughts?
- P3:** I believe that counselling is just people nicely dressed in a room, so what – why do I waste my energy and walk up. These things I can do to my friend next door. So I thought at that point, when I took the counsellor and my friend – okay – I talk to there

and the counsellor will say that and my friend will say that. So at that point I don't think that the counsellor can give me any better help at that time – so I go to the nearest one – my friend.

F: Okay. Any other thoughts?

P3: If I have to go to a counsellor, I have to make an appointment. So just the same if I can phone my friend, like, “I'm really having a problem” I want to see him. It's still the same – if I have an appointment or talking over the phone – the same.

F: So you think what you can get from a counsellor you can get from your friend – it's the same thing.

P3: Yes.

F: Okay. And you – number 6.

P6: I think if you want to go to a counsellor, if you must go to a counsellor – you must be HIV positive or something like that. It's the only one that can help you – counsellor – cos you are shocked and all that type of stuff - so you go there. And not for the other problems - that we have experienced.

F: So you think not for everyday problems but for like really hectic things – that's when you will go to a counsellor.

P6: They go to help you because they've studied or something to help you.

F: Okay.

P3: I've seen people, which were HIV and went for counselling. They were not satisfied with that. Apparently the counsellor was there and was just impatient. Ja he was told to read the newspaper on how to protect yourself, now why do you do it again? So people get shy for counsellors.

F: So, a counsellor said that?

P3: Ja

F: Shoo. So then that gives a bad name for all counsellors because of one counsellor saying that.

P3: Ja

F: Okay.

P2: But I think that it doesn't work because even friends – you can tell your friends about your problems, there can be one friend who can – you see – who can tell other people what you were asking about – exactly as we said about the counsellors – who one counsellor has done that – doesn't affect the whole counsellors, you see. So, even your friend, it can happen to your friend and I think counsellors are well trained, so even

your friends can help you, but I think the more important thing is to go to your counsellors and friends and compare solutions, you see.

P3: It's a human being – you go to them and find them stressed.

F: The counsellors are stressed? (laugh)

(Group laughs)

P1: Cos me, I know a counsellor who killed himself. Committed suicide – why should he commit suicide if he is a problem solver.

F: Was it a counsellor or a psychologist?

P1: One of them, (inaudible)

F: Do you know the difference between a counsellor and a psychologist?

P1: The counsellor is counselling maybe (?) your problems, but the psychologist is playing around with your mind.

(Group laughs)

P1: (laugh) I mean, certain things – they know what you are thinking about. Like they've been there before you.

F: Okay. Do you also feel the same way [to P3] – do you know what the difference between a counsellor and a psychologist.

P3: I just want to add that if you go to the counsellor, you won't express how you feel at that point, cos it's someone new. You won't talk like you do to your friend – so I think that he or she won't help you that good as your friend will. You can tell him. "How can you told me that if a problem is like that. Isn't there another solution to this – you told me that?" Or to my family – can shout at him, so when I told to him, I express how I feel at that point.

F: So you feel that if you were with a psychologist or counsellor, you would be more polite – and not really get it out there?

(P3 nods)

F: Okay. (Pause). Any other thoughts?

(Silence)

F: Okay, if you were to seek counselling, what are the key elements for a successful counselling session? What would you look for to make sure that your counselling experience was successful?

(Silence)

P1: Mmm. That is quite a difficult question because that person whom you are going to is trained in specific areas, so for me I would ... One: Basically, my problems to be answered to be focussed on – not like, “Ai, everyone is important.” No, I’m talking about me, myself now. I want my own problem to deal with it now – I mean – to get on with it. It’s like they make it more general (inaudible). Because this person is not experienced with that problem, so that’s why...

F: So, you feel that in your perception that when you go to a counsellor they will deal with every problem generally, as opposed to your specific one. So what you would need is for the counsellor to focus on your problem and help you with a solution to that?

P1: Ja

F: Okay.

P1: You see Michelle, HIV positive, that student is not HIV positive, they don’t understand what is going on inside him because they have never felt the same way. I’d rather go to an AIDS group in the community rather than to that person – just because if I was HIV positive, they know how it feels – HIV – they know what you feel towards other people. Yes.

F: Okay, any other thoughts?

P3: If I should go to a counsellor – that means I need help. You should find some solutions for that.

F: So you would need a solution. Okay, anything else?

P2: I think, again, the way they ask questions to me and the way they answer my questions will tell me something about them.

F: Can you elaborate on that and tell me more?

(Silence)

P2: Mmm?

F: What have you experienced?

P3: (inaudible). There are different kinds of friends I have and I know if I have this kind of problem, I will go to that one and if I’ve got this type of problem, I would go to another one. I can’t just go to someone if I need that help and he give me that thing.

F: So you’re saying that there would be specific counsellors for specific problems?

P3: Yes.

F: Okay.

P3: Ja that will work.

- F:** Okay, and you?
- P5:** All I need from the counsellor is – when I have been to him or her and when I walk out the door, he should tell me that I assure you, you will find solutions for your problems – because everyone that has come here with the same problem – they’ve found a solution. Then I will be...
- F:** So you want a guarantee that you are going to get better?
- P5:** Yes.
- F:** And if they can’t guarantee that?
- P5:** Then it is like a waste of time
- P2:** Waste of time.
- P5:** Waste of time. Waste of energy.
- F:** Okay, how about you number 6?
- P6:** I would agree with them. I would like a counsellor to, to feel my pain the way I feel it, so he can give me better advice – and can support me with my problem. No reading from books and “Oh, I must tell you that” and so and so.
- F:** So, you want someone to really walk with you in that pain. Be empathetic and walk in your footsteps?
- P6:** Yes, that’s why I would choose my friend to understand my pain, or something.
- F:** Because you feel he would be better equipped to walk in your steps?
- P6:** Ja.
- F:** Okay. Any other thoughts?
- P3:** Can I just ask you something so that we can just elaborate more with the difference between a counsellor and a psychologist.
- F:** Okay. A counsellor is someone that is trained in counselling skills, but hasn’t necessarily studied psychology and done all the steps that require you to go ... well let me compare it to a psychologist. The psychologist has to study for three years undergraduate, post-graduate is one year – that’s your honours – and then you have to do a two year masters. So you study for six years and in that time you have to have counselling experience, so you learn theory – but your counselling is trying to gain experience in counselling skills. And when you are in your masters, you have to be supervised very closely – you are under supervision for two years by another psychologist who is checking to see that you are psychologically well enough and that you have integrated those counselling skills, to make sure that you aren’t going to do damage to the people that come to be counselled by you. And if there is any question that they feel that you are not ready, they would then

say that you cannot be a psychologist. So a counsellor doesn't have the same sort of qualification that a psychologist does – the psychologist has to train for a lot longer. (To scribe) Do you want to add anything?

SCRIBE: Also, the psychologist is registered with the health professions council, so if there is any ethical problem, they can actually lose their license. So they are also closely monitored and the issue with confidentiality is also one issue that is strictly monitored. So there is no way that a psychologist could just speak out and just share your problems. Okay, so there is the ethical board that actually kind of guide it but also keep tracks on what a psychologist does and what they don't do. So some of the issues that you raised – those were the things that the psychology board would take note of.

F: So, does that make it clear for you?

P2: But what about their jobs? They are doing the same or a similar jobs – the psychologist and the counsellor?

F: Well a psychologist can do assessments as well, so we can do IQ assessments, personality assessments – so it is not just counselling that we do, but we are qualified – we go through this training program in our master's years to be able to assess you on different things. So, that is what we do over and above (counselling). And the counselling is also at a different level – so let's say you had depression or schizophrenia or something like that, we would be trained on how to counsel that as well – and how to deal with that problem. It's not just for everyday problems, but it is for everyday right to extremes. So no matter what you present with – coming into counselling – we would be able to hopefully cope with that. And if we can't, part of our ethical duty is to refer you to an expert in that field. So we would make sure that we know who that person is and we build up resources amongst ourselves – and then we can say – John you can go to this psychologist or this professional because he is specifically trained in addictions or something like that. So we would refer you.

P2: Okay.

F: Any other questions?

P3: I need to leave.

F: Okay. Number 3 is leaving.

P3: Which office are you in if I want to come for one of those sessions?

F: At Student Counselling. Yes, with pleasure – you are welcome to.

SCRIBE: Thank you very much.

F: Thank you very much. Okay, we are nearly at the end. Okay, this is about culture now – we are looking at culture. I would like to ask you, how should culture be addressed in the counselling sessions? (Pause). And it could be from your specific culture, it could be what you have heard. But how would you think culture should be addressed in counselling sessions?

(Pause)

P1: I think culture must be ... when it comes to counselling, it must be regardless – when you are counselling a person it must be regardless of who you are. Because they must ask me what I need in my counselling – ja – so they can relate to what they think I have a problem or what they think they can do for me to solve that problem. A man should not cry – that is my culture – I mean, they should be against my culture and they must have good reasons for me why I am believing this. So...

F: So, you are saying that they should ask questions to try to understand your cultural perspective?

P1: Ja, that is true.

F: To understand where you are coming from?

P1: Ja

F: Okay, any other thoughts about that?

P5: I would prefer the sangoma than pay for that. Some of the problems we experience – they have people there that experience it. Then the sangoma – he assure that he comes to me with that problem – after you have finished with me – then it will be gone away. Then that makes it more preferable for the sangoma to the counsellor because you feel that there is something physical he would give you or – maybe he's playing with your mind – a curse or something to do in that – it will go away. The period – he is not sure of but then you keep it inside or go to the user counsel to talk about it.

F: So you think if he gives you an object or something, or if he lifts a curse from you, it will have a physical change in your body.

P5: Something like that.

F: Okay, so you would prefer to go to a sangoma?

P5: I wouldn't prefer but, it is more assurable that if you go there, it feel like the assurances – if you have that power then you had it, or somebody told you that you can feel it – that would really help for me. But I didn't say that I would go there.

F: Okay, so that is what you have heard. Okay, any other thoughts from number 6?

P6: I would go to a pastor or a priest to advise me – cos he can give you some advice, some – aah – some advice from out of the bible so you can – from your spirit – some spiritual advice – so that you can build your physical healthy.

F: Would it make a difference for you if the psychologist was a Christian?

P6: Yes, it would.

F: So, if they said that they were a Christian psychologist, would that sway you to maybe going there?

- P6:** Yes.
- F:** And you number two?
- P2:** No opinion.
- F:** No opinion, okay. Then I would like to know about the Institute for Student Counselling over here. What are your thoughts – you expressed one thought a little earlier, but you can add more thought if you want to – what are your thoughts about going to Student Counselling to address your personal concerns on this campus?
- P5:** You will cope much longer with your problem, cos when you go there and make an appointment – there are a lot of students there, so you will sit there, what can I do, talk to no one – and then maybe next week it is time when you can go to the counselling. I think it should be more – maybe you can hire people that are trained in a specific counsel – something, like, this is about their job. Now you are dealing with various problems – there is here a lot of students.
- P1:** If I must know, how many in?
- F:** There are four counsellors there.
- P1:** Four counsellors?
- F:** Ja, so I am trying to understand, so you are saying that...
- P5:** You won't get help straight away...
- F:** Straight away, okay. So you are saying that by next week your problem could be different...
- P5:** Could be worse...
- F:** Could be...ja.
- P1:** Because this is very small.
- F:** So you are saying that if you could get more immediate help, it would make a difference.
- P5:** Yes.
- F:** Okay.
- P5:** Because I believe if somebody really had a big problem – like the guy told me last time, then he can kill himself because he feels no one is there to support him.
- F:** Mmm. So if there was this waiting list, he could have killed himself by the time he gets there. Okay, any other thoughts?

- P6:** I think the student counsellor can help you more to build on your priority – your first priority is to study. When he goes for a problem, they can just help him to forget about other things and just to focus on your studies. That’s how I see it.
- F:** Okay
- P1:** But it is not possible to focus on other problems and then you just focus on your studies.
- P5:** Yes, but he can help you to overcome your problems and to encourage you to study.
- F:** So you are saying that if you had personal problems it take your focus away from your studies.
- P5:** Yes.
- F:** ...whereas if you deal with your problems – if the psychologist is able to help you to deal with your problems then it will help you to focus on your studies again. Okay. And yourself?
- P2:** Mmm, I think it can be very much important for the campus to train other counsellors so that maybe they can help in order to avoid things like those things on the waiting list.
- F:** Okay, is there any other point because I am hearing that they must help you to focus and that the waiting list can sometimes be long. Are there any other things that you think they can do to improve Student Counselling? Pause. Anything that we could do on the marketing side even to educate people out there – to student that haven’t been to Student Counselling?
- P1:** Oh ja, generally. I think we must be selling this to them because they say that information is power. We are all there suffering – we don’t know what to do. I mean, because these guys they are just sitting in the office. Ja, I mean how are we supposed to know that this person is a counsellor when we just meet outside. I mean, if they can just maybe take one Friday and inform the students – ah there is a session in this venue – we are going to talk about – what is this, is this Student Counselling? I mean we have dealt with most of the things. Ja.
- F:** Or visit your classes?
- P1:** Or visit the classes and all those things. Maybe weekly you must through, I mean you feel that you are down and your guys are there, or you just remind us that you are still there, and all those things, ja.
- F:** Okay, any other thoughts?
- P2:** Counsellors can rush because you have an appointment right after you – then it is almost that time. So they rush you – “Can I book you for another time?” Then you feel, yo, look how this guy rushed me – can I come later on - or something like that.
- F:** So you feel like they must try to accommodate you?

P2: Ja

F: Okay, what words come to mind when you describe the university's counselling service. If you had to think about it – about the university's counselling service – what are those words that come to mind? It can be anything.

(Pause)

P1: They focus on the university - they just focus on university stuff.

F: Okay, so you think they focus on university stuff.

P1: Ja, they themselves there is nothing ordinary or extra-ordinary apart from other organisations at the university.

F: Okay. So they are just part of the general staff.

P1: Ja

F: Okay.

P1: I mean they are just there for a salary... [inaudible].

F: Okay, but I am not just referring to the psychologists there, I am talking about the whole service that the counselling department gives. What words come up when you think about them?

P6: I think that they are there for students that are at breaking point – to encourage them to complete their studies.

F: Okay, from this side – any thoughts?

P5: I will say yes. If my friend go there, then I will tell him straight away that you go to counsel to ask make the feeling of longing go away. So every time when you talk about university counselling, you are most of the time – you are far from your home and you are suffering. You are hungry for food or (inaudible). So that's the main problem, you can't take money problems to them cos the counsellor can't give you money.

F: So you're thinking about that they are helping you to deal with the longing because you are homesick.

P6: Ja, they just get your thoughts straight.

F: Okay, number two?

P2: Mmm, what I can say – as I have said in the beginning that I have got assistance from there many time. So I can say that they are good. I don't fear any problem, I am happy.

F: Okay. Any other thoughts before we go to the last question?

- P5:** If I go to the counsellor (inaudible) ...I'm struggling with my work, I feel lonely and I think that it would be a good thing because the counsellor would tell me – it's part of growing up. That is how (background noise – inaudible). So to me it's like I already know what he is going to say.
- F:** So, you are anticipating already how they are going to counsel you?
- P5:** I think that is so – I won't go there.
- F:** Okay, anything else? (pause). Okay, this is the last question. If you had the opportunity to provide recommendations to improve the current services, what would your suggestions be? And this could be anything, anything.
- P1:** Ah, they must be polite – the counsellors.
- F:** The counsellors and the receptionist?
- P1:** Ja, they must be polite.
- F:** Can you tell me why you think that – what are your thoughts about that?
- P1:** Because if you are being polite, you are marketing your services already. Because if you are being rude, I will take it personal. Tomorrow I am not come back there again. And they must show respect. Ja.
- F:** Tell me more about that – showing respect.
- P1:** Ja, they must know that we all go through things. It's like we are not only solution seekers, we are also, I mean...they must try to maybe make us to think about other things. Ja.
- F:** Okay.
- P2:** I think about the waiting list, ah – like there is not appointment for you and you must wait until that time is up. Maybe they can make a few counsellors for the students that stay on campus. They can take their room number and where they stay and the counsellor can go and counsel that person in their room.
- F:** So you're thinking that they should have one counsellor that is available all the time?
- P2:** Yes
- F:** The others can have appointments, but one counsellor can take people as they come in.
- P2:** Or maybe go to their room or something.
- F:** Ja, okay.
- P2:** Uh, I think it is important before a person is trained as a counsellor – can be given maybe a number of laws you see – to sign that I want to do this job. Because sometimes you can

see that other people they do jobs just because they seek money you see, and then that has resulted in many problems.

F: Mmm. So you are thinking that the counsellors should do it for different reasons – not just for money.

P2: Yes

P1: for love...

P2: Yes, for instance, if a person want to...for me to be a teacher if I don't have... if I'm not that people who like to share things with other people you see – because if you are a teacher you have to share everything with a student and that can assist students to pass easily. So if you don't have that element of sharing things with other people, it is difficult to be a teacher because if students are asking questions of you, you see then you don't answer them.

F: Mmm, okay. Any thoughts from you? How we can improve the services?

P5: They should be passionate about accepting students that come to counselling for various problems. They have a waiting list... maybe they can put something on ... to show when there is a space for you – and you don't have to wait so long with this problem.

F: So you think if we have a ... we do have a list there – but you are thinking that we have got to have it outside the door?

P5: Something like that.

F: So that students – if they just want to walk past they can check and put their name there?

P5: No, it shouldn't be outside. Maybe if they can make an appointment they can show you or something like this kind of problems – then you tell the counsellor what's your problem, then he can decide to put this one first or the other student last.

P1: The ones that are feeling suicidal can be seen before and the others who problems are more social can be seen later.

F: Are you saying that we must prioritise the problems?

P1: Ja, that's a nice point.

F: Okay, anything else?

P2: Mmm, in addition I think is I want to support my brothers here – that the campus can add another counsellor so that jobs can be done very fast. Because sometimes I can have a vast problem, you see, and when I cam her they told me, "No, you can make and appointment and come tomorrow," and that can make a problem again for me, you see.

F: Mm, cos then you might have class or something - on that you can't make that appointment?

P2: Yes.

F: Thank you. Before we close, is there anything else that you want to add. Anything, can be anything – it doesn't have to be specifically to this question.

(Pause)

F: No? Well, I just want to thank you very, very much for your insight. It has been very interesting for me to hear and understand your perceptions. It has been quite enlightening and I have really enjoyed it. So, thank you very much.



FOCUS GROUP DISCUSSION 2

Friday, 11th May 2006

- F:** I just wanted to welcome you and thank you very much for your coming through and being a part of this process because your thoughts and opinions are really important and I am really glad that you can share them with us. Just to reiterate about speaking loudly so that we can hear in the mike. The first question I would like to ask you is, do you think having good psychological health plays an important role in maintaining good physical health? Is your psychological well-being important to keeping your physically healthy?
- P 3:** I would say yes to the extent if you are thinking right and are having positive thoughts, then obviously you move away from the negative things like not exercising and excessive junk food – and so on - then you obviously lead a healthier life. Makes sense.
- P4:** Can you repeat the question.
- F:** I would like to know do you think having good psychological health (so your psychology is about your emotions, your thoughts, good feelings and thoughts and that sort of thing) have an impact on your physical health?
- P4:** I think, yes, because maybe I have something like negative thoughts impacts negatively on you.
- F:** Okay, any other thoughts? Move onto you number 2.
- P2:** Yes I think it is because if you are like healthy in your physical way, ja, then you feel good about yourself. You feel like you have a lot of confidence - you can do anything. But if you are negative and don't have that confidence, you feel down. So, ja it is important.
- F:** So you are saying that if you are feeling good about yourself physically, it has an impact on your emotions and then if you are feeling down it makes you feel sick as well.
- P2:** Ja.
- F:** Okay, thank you. What about 5?
- P5:** A positive mind leads to a positive lifestyle. If you have a positive mind, your physical body will also be – you know what I am saying.
- F:** Okay, so you all agree? And you number 1?
- P1:** I think what the effect is positive, so if you have got things positively, you will feel good.

- F:** Okay, you must feel free if you don't feel that way to maybe share thoughts. We don't all have to agree on this – okay? So, what do you feel are your family's perceptions are of seeking counselling for personal concerns? So if they were to experience problems in their relationships or in their own lives, what are their perceptions about going to therapy for help?
- P1:** Ay, about my family, I don't think that they would do it – I mean they are, like say talking about how they feel - especially I think my father – he would not do it – I don't think so.
- F:** Okay, do you have any idea why that is?
- P1:** I don't know - they don't like talking about their feelings – so I can't tell someone how I feel or what. I must sort it out myself or we argue.
- F:** Okay, anybody else?
- P3:** In my family, hey, I don't think that they will come that they will seek professional help - like coming to a psychiatrist or psychologist or someone like that. They are very old fashioned I would say. They would rather prefer to talk to a pastor or someone like a religious leader before they think of going professionally. Um, but I'd say it would really have to be bad, it would really have to start tearing the family apart like should I say, divorce or someone wanting to commit suicide – that they consider firstly going to a psychologist – but never just out of the blue because they are very old fashioned and still believe all this and this is wrong and people are going say we are going to a psychologist – they will think we are mad or so. And ja...
- F:** So you are saying that because of the old fashioned sense that something would really have to be quite bad before they would go otherwise the perception is, if you see a psychologist, you must be mad?
- P3:** Ja or there is something very wrong with you and I don't think that they would want people to say that about me and you. When you are at that age and you have your pride and have worked for what you have and things, and for someone to just take it away by saying nasty things about you – and you are in a bad predicament – I don't think they would be able analyse it quite well – so they rather just stick to what they know and feel comfortable within that.
- F:** So the person that would be speaking badly about them, would that be the community or the psychologist?
- P3:** People that they know – like you get neighbours and friends and they see what is happening, where they are going and how's this going. And maybe when they open up and say, then they go and gossip at other places.
- F:** Okay and you mention about going to a pastor instead. Is that something that would be an option other than...
- P3:** I use that as an example because people feel comfortable with a pastor and so on – they prove that he is fine – everything is confidential. They trust in him and they have got to

see the person everyday perhaps or so. And the person – he is the religious leader. The psychologist is a total stranger as opposed to a pastor so they, I just say that they feel more comfortable going there first and if that does not work then maybe – but I seriously doubt it.

F: Okay, and would it make a difference – do you think – if the psychologist was a Christian?

P3: I don't know because you have various Christian types and Christian/religious beliefs in Christianity like for example, Jehovah's Witness and you get – what else is there – you know there is different types and different ways of Christians worshipping God – so maybe they still don't feel quite comfortable in that instance to speak to that person. Never mind if that person is a pastor, they are still a stranger none-the-less.

F: Okay, thank you – any other thoughts?

P4: No they can't go to a therapist because in my area they don't know what a therapist is about. Maybe if they know, they can.

F: So you are saying that they don't even know what a psychologist is?

P4: Yes, in my area.

F: Okay, are you in a rural area.

P4: Yes, Khayelitsha.

F: Okay, and so what happens then, in your case, with people that are having problems. Where do they go for help?

P4: It seems that they go to social workers - social workers.

F: Okay, so there are social workers in the area.

P4: Ja, social workers.

F: Okay, alright. Any other thoughts?

P5: I don't think my parents will go to a psychologist, or my family rather cos even if something does occur that you can say is needed for a psychologist, we would rather have a family meeting – for say if it is family business. What happens in the family, stays in the family – it is like the mafia (laugh). Capisco (understand)?

F: There is no chance of it leaving the family, it has to stay within the family.

P5: Ja, it stays in the family.

F: So what happens if you have a problem with the family – with one of the family members?

- P5:** It's like then, the two parties involved – or whoever's involved – we call a meeting. We will just have a meeting and sort the thing out, discuss between the two people – discuss what is happening and sort it out.
- F:** Okay, anything P2?
- P2:** Mmm, I think my family won't go for counselling. They would just sort it out in the family or maybe tell the other sister or other brother about it, but ja – not counselling.
- F:** Have you any idea about what their thoughts are about that?
- P2:** I think they are going to think that they are weak because they can't solve it themselves, so that is why they won't go.
- F:** Okay, so it is an element that if you are struggling and you ask for help from a psychologist, then you are going to be weak. Because the perception is that you can't sort it out within the family?
- P2:** Yes.
- F:** Okay.
- P3:** Ja apart from my parents, I would consider it if a problem arises that to an extent that needs sorting out then...and so forth. I would, as a matter of fact I have mentioned it once to my parents – maybe we should go see someone because we used to fight everyday – argue about the smallest things – I thought it is snowballing into a bigger problem. But my father just said “No man, you're mad.” But I wasn't that serious about it – it was just a thought that I am just throwing at him. But he just blew it off and that tells me that they won't go.
- F:** So is it, I'm just trying to understand. Is the perception then that a psychologist is in a hospital or something?
- P3:** No, no. It's just that their pride tells them I can do it myself – I don't need somebody else to do it for me – we can do it – like P5 says – keep it in the family. But, ja, if you sort something out yourself you feel – okay I can do this, I am capable of doing this. If someone else had to do it – then it is like I have to run to this person everytime – everytime something happens.
- F:** But what happens if it doesn't get resolved then – I mean – if the thing just goes around and around.
- P3:** You see, now that is what – I don't have a situation now but I mean if it should come like that would be what I would be afraid of – that it just keeps on going because that is what tears these families apart. I would try a psychiatrist/psychologist whatever – because I mean they have gone and studied and they – the people that have taught them – the lecturer and so on – I mean they have obviously studied the human mind and human behaviour and so forth. So they more-or-less know how people are so I would trust the advice they give you and so on – as opposed to just trying to work it out yourself.

- F:** Okay, number one – any thoughts that you have about that? About your family?
- P1:** I don't know if they will go. I think that they don't like people to ask questions. They will tell each other to leave it if it is not resolved. It is fine – you must just leave it.
- F:** So it is a kind of sweeping under the carpet?
- P1:** Ja, that kind of stuff.
- F:** Okay. Let's move on to your community. What do you think your community's perceptions are? Is it the same sort of thing or is it perhaps a little bit different? Your community's perceptions of receiving counselling for personal concerns?
- P4:** To me it is the same cos – like my area – they don't know about counselling you see. We have families – they solve the problem by themselves – they talk among themselves and can't go with you. If you put it to them then maybe you are mad or something.
- F:** Mm, okay – any other thoughts about that? (Pause). I am trying to understand if your family is the micro of the macro of the communities – is there the same sort of thing going on, or is it just pertaining to your family that they believe the things that they believe.
- P3:** I'd say it's mostly how they grew up and what they have brought with them from childhood. In the old days if there was a disagreement in the family or a disagreement between you and your parents, you would get a hiding and that would be it. No sorting out of nothing, you would just get a hiding and it is finished. But now they have moved away from that and ja, I'd say that they still want to keep it in their family, but in another way replacing a hiding and so they skelling each other, that's all.
- F:** Okay, anything else? (Pause). So what value do you place on counselling services? What do you feel?
- P5:** I think it is a good idea. It is a good idea because people get help. You asked about, "What if the family can't resolve the problem?" The family can't resolve the problem because you just going to go out doing the same thing again. So if the psychiatrist was seen the person could have maybe been under control and be a better person. So, having psychologists and psychiatrists is a good thing.
- F:** And so, why do you think your perception is different from your family?
- P5:** I think it has also got to do with the community (laugh). I mean, if like - where I grew up – they will think – if I had to tell them my brother went to see a psychiatrist, my friend will ask, "What's he then getting mad?" (laugh). You know, make jokes about it – the guy's brother went to see a psychiatrist. I think it has got to do with the community – that's also where the family also maybe see it like that – they don't want to be embarrassed by the fact that the community is going to know about it – that there is a problem in the family and the family can't handle it.
- F:** Mm, so why are you different?

- P5:** Cos I am a new generation as well.
- F:** Do you think that that could be a possibility that the new generation have got different ideals?
- P5:** (laugh) Nod head (yes).
- F:** Okay, any other thoughts about that?
- P1:** It is quite good to go because there are some times in your life where you reach a point when most of us need a psychologist, so quite good.
- F:** So do you think you would go if you needed help?
- P1:** Yes
- F:** So why do you think your perceptions are different to your family and your community?
- P1:** For my community, I don't care what they would say about me because I know why I go there – to solve my problems. So for my family, I feel I am exposed to these kinds of things, like watching TV – people go to psychologists and you see what happens there. So I will just go, maybe my family doesn't care what happens when they don't know, as long as you talk to someone. So, I'm cool.
- P4:** I think that I will go because it is different. There is a difference between counselling – if maybe I told someone a problem here – not here in the counselling – he would tell other people, but I don't think counselling will do the same thing – they don't ever tell other people your problem.
- F:** So you think that it would be confidential?
- P4:** Yes.
- F:** Okay, have you heard that that is the truth from other people?
- P4:** I didn't ever see any people cry about this things – they say no, there is counselling – there is somebody is counselling me to talk about my problem.
- F:** Okay, other thoughts?
- P2:** I will go. Because I thought sometimes my own vision, my own things I can't solve it on my own. So when someone gives me advice I will take it and maybe it will help better than my own advice, ja.
- F:** So why would you be different from your community and from your family?
- P2:** Because sometimes I feel that I can't share things with my family always, or with my mother or my sister, so when I share it with someone else, it makes me feel more comfortable and open. That's why I will do it with a strange person, ja.

F: Okay, would you feel more at ease with a stranger than with somebody that you know?

P2: Yes

F: Okay, is there a reason for that?

P2: I don't know.

P3: I wouldn't say it is a strange person like in general...

P2: Not strange, strange but... (laugh)

P3: Someone like that that you know – a strange person that you know that you can trust. Cos, I would go because I know I'm not the only one that is like that, there are other people that also went to this person, or people like that, with the same kind of things. So, I would feel comfortable and at ease and I'd be able to lay my trouble, or whatever it is, on this. I know that person deals with things like that every day and has experience in those fields and things, so that person could help me, cos like... It is not always sometimes they can't help, but ten-to-one they will.

F: Okay, and you number one any thoughts about that? Oh you shared about this already.

P1: Yes.

F: One of the things that I have noticed is that you seem to be confused or unsure about the difference between a psychiatrist and a psychologist. Do you know the difference?

P3: I think the one prescribes medicine – the psychiatrist

F: That's right. Because the one does a medical degree and then specializes in psychiatry, so they don't actually counsel people. They will counsel, but they are not actually trained in counselling. They are more trained in the medical model, which is prescribing medication.

P3: That type of people that...

F: That have a mental disorder, ja.

P3: That are mentally unstable.

F: That's right. And often if you have to go onto medication, as a psychologist, we can't prescribe medicine – so if we feel that the person needs to be on medication, we would refer them for the medication, but then they would come to us for counselling. And then within psychology we have a clinical and a counselling field. The clinical field is mainly for people that work in hospitals and that sort thing – with people that have extreme forms of psychiatric illnesses. And then a counselling psychologist, I am a counselling psychologist – is somebody who would do more life problems – normal types of things – to help people to deal with problems and maybe to empower themselves in that situation. We can also deal with other extreme cases, but nine-times-out-of-ten we

would rather refer to someone who specializes in that field, as opposed to attempting to deal with, let's say, a schizophrenic patient, when we don't have that much experience in the field. Okay, so at least now you can understand the different categories, because it can get confusing at the end of the day. Okay? So, I am going to put two questions in one. What value do you place on counselling services and if you do not value it, why not? What is it that you don't value? (Pause). And it might not be you, maybe you know of your own fellow student and why they would not value counselling. (Long pause). No thoughts about it?

P5: I think that people don't value it because of the name psychologist or even psychiatrist – the word “psych” – it sounds so like he is psycho – like psych is a mad word. So I think if they changed the name it would be more successful – people will see a psychiatrist or psychologist – if the word is just changed and people will see it as a different thing.

F: So would the word “counsellor” make a difference? Or is it still associated with “psychologist”?

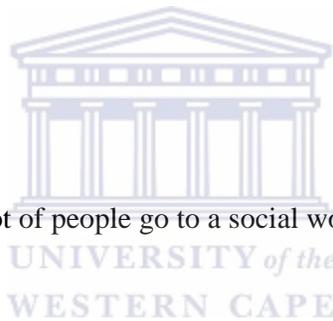
P5: Counsellor? I think it will make a difference.

F: You think so?

P3: It sounds more easy.

P5: It sounds more easier.

P3: Like a social worker, a lot of people go to a social worker – because it's got nothing to do with psych (laugh).



(Group laughs)

F: Okay. And you guys, anything that you think about that – why other people would not value psychological services?

P4: Because they don't take it serious – because maybe there is a guy outside that I tell him “Let's go to counselling” and he says “No, I can't waste time to go to counselling, I have to finish my assignment.” So they take it as a rough thing – they want to finish it. So they study and don't take it seriously.

F: Okay, so they are saying their psychological health is not that important. The next assignment or home work ...

P4: You won't get marks...

F: Oh, you won't get marks on your psychological health? That's actually is very interesting. Do you think your psychological health might impact your marks at the end of the day?

P3: Yes.

F: Why would you say that?

- P3:** I would say yes because sometime I don't feel like studying. And if I don't study I won't get the marks - which means that my mind is not in a healthy state - it is in a morbid and boring and sick state (group laughs). So ja, if you have all the right networks, you will have all the right exam papers.
- F:** Okay, that's quite interesting. What about the rest of you?
- P2:** I think it will change someone's mindset – so if I told my friend that I am going for counselling then she will think, “Are you mad or something, what are you doing there?” Or maybe after a few times of being there, I am changing and they will think that the counsellors are changing my mindset or something like that.
- F:** So the counsellors are the ones that are changing you?
- P2:** Yes
- F:** Is change quite a bad word? If they start to see you changing...
- P2:** It depends on what way. If it is more positively it can have a positive effect on me then I think it would.
- F:** What happens if you were quite a kind person and always put others before yourself and you went to see a counsellor and now you started setting boundaries and you put yourself first more often? That means that you would be more selfish and even though it is working for you, to your friend it is coming across as though...
- P2:** But it is mos for me – for myself – and if it makes me feel better then I am not going to care what they say.
- F:** Okay
- P2:** So it will be positive for me, but negative for them, so ja.
- F:** Okay
- P3:** I think a lot of people think that it is a waste of money to see a psychologist because why must I pay someone to tell me something that I can teach myself or hear from a friend. So, many people may have that as their mindset as well.
- F:** So why would a person want to waste money?
- P3:** No, but you see because they are uninformed – that is why they think they are wasting money. But I wouldn't see it as wasting money – because I believe they can help.
- F:** That is a good point, because they are costly – to go and see a psychologist.
- P3:** And especially for someone who doesn't have money.
- F:** Ja – they could be spending that on a meal or a couple of meals – instead of going there. That is a good point. Any other thoughts before we move onto the next question.

(Pause). Okay, if you were to seek counselling, what element, what would you be looking for either from the counselling experience or from the counsellor? What key elements would you be looking for? Put yourself in that position that you were going to go seek counselling. What would you expect from the counsellor.

P2: Make me feel comfortable and welcome. Be interested, wants to listen to you. Ja

P5: Trust

P2: Yes

F: Could you elaborate on that?

P2: You don't trust in the beginning, before you open up. It must come from the counsellor's side – ja.

F: How would you see winning trust – what sort of things would a counsellor do?

P2: Maybe share something - personal – in her life with me – so ja.

F: Okay? How would you see a counsellor winning trust?

P5: Trust? The way she would be talking, I believe we also have trust in the room now – if I should go out of the room and hear he should tell someone else and someone comes to me and he's telling me, "I hear your family is having problems – what's happening". Where is your trust in the group – so that will just break you and you trust that your counsellor will have trust if they are going to see her. So seeing her already, means that she would have to be that.

F: Mm? Okay. Any other things you would be looking for in a counsellor?

P3: I wouldn't want a counsellor to judge me for what I am at that time or my problems and just approach it with an open mind.

F: Okay.

P1: I wouldn't want a counsellor to pressure me to say how you are feeling - to open up – before the end of this - that I would have to tell her everything, I mean to tell her how I am feeling at that point. She must be patient.

F: So they must be patient about letting you talk about what is on your mind as you feel you can speak about it.

P1: Yes.

F: They mustn't pressure you?

P1: No.

F: Okay.

P4: To me the counsellor must have that smile – not just angry. Because if she is angry I will not be able to talk everything – she must have a smile.

(Laughter from group)

F: So she must smile and look friendly

P4: Yes, friendly.

F: So if she came across like this (angry face) then you wouldn't be able to talk to her?
(Laughter)

P4: No I wouldn't.

F: Okay, any other thoughts.

P3: Also able to handle my emotions, whether it be anger or heartache or whatever. Be able to handle it, be able to talk to me and maybe calm me down if I am angry or crying – be able to help me in that sense.

F: Mmm, okay. What would be something that would just stop you from going to see a psychologist? If you had to see it and go, “No ways, I'm not going in there”.

P5: If she answers negative responses...

F: Negative responses? To your questions or... like what – what do you mean by that?

P5: If you go to a psychologist and you tell the psychologist today I made a mistake – you know if you have a problem and you keep on falling over whatever is lying in the road – and say if this morning when I was getting out of a bus, I fell over a can or a stone and the psychiatrist says, “Are you stupid, what are you stupid. And I say, “Nay...” laughter] am not going back there.

F: Okay, that is quite a valuable point. Anything else that would absolutely stop you from going?

P4: (inaudible) ... when I come to see a counsellor – then I come to the door you must sit down – don't stand like this in front of me.

F: So they need to welcome you in – make you feel comfortable, friendly environment, safe environment.

P4: Yes

F: Okay. Culture is sometimes quite an important point and I am interested to know how you feel culture should be addressed in a counselling session? Because we all come from different cultural backgrounds. (Pause). Difficult one? Because there may be cultural perspectives about counselling as well. I mean there could be something based on your own personal cultural perspective about a student counsellor, or it could be something

that you feel has to happen in a counselling session. So it is quite open – you can answer it as you feel ...(pause)

P1: I would say about - in general - marriage counselling per se. So, maybe a couple has problems, like personally – let's say they have problems with their sex life. So, like they wouldn't just - from my culture – there are things they wouldn't say to someone that is personally between the two of them – so it would be difficult for to say because it would be a problem...

F: So from your cultural perspective, they wouldn't talk about sex problems in a marriage.

P1: Ja, if someone had been experiencing that.

F: From your cultural perspective, would a couple who are having marital problems, come to a therapist for counselling?

P1: That would depend on if they are old people and old fashioned – I don't think they will go. And someone who is young will go for help.

F: Okay, are you seeing a change within your culture then, as far as that goes - seeing a therapist and seeking outside help – are you seeing a change there?

P1: Mm.

F: Okay, any other thoughts? (Pause). Cos it is quite important – I mean we all come from a diverse environment and it is important that maybe me as a white person takes certain things into consideration. It would be important that I would know that. Similarly, would you go and see a counsellor who is not the same culture as you? Let's say, if you were a black person, would you go and see a white person or if you were a coloured person would you go and see a black person?

P3: To me it is not so much about race – it's about how you present yourself and how you carry yourself – how you show that I am qualified and am capable of doing the job. If I don't see those qualities in you, I won't go and speak to you or so – like if you were my counsellor. I would rather ask you to refer me to someone else – to someone that I feel can do the job. I mean if you are just going to sit there and look all messy and things, then I am not going to feel comfortable speaking to you – especially if I am speaking to you about my sensitive matters and so on. Cos, you don't look the part that you are supposed to be playing.

F: Mm. That's interesting – what is the part? How do you look the part? What do you look for in a therapist?

P3: Okay, I'm not referring to formal wear and so on – just being neat and presentable – being comfortable – okay different people have different ideas about being comfortable. Some people are comfortable in broken clothes. I mean – the way that you are comfortable must make me feel comfortable. And so if that means that the relationship is their, then I will speak to you.

F: Mm? Okay, any other thoughts.

P4: I think in my culture – if I’m speaking Xhosa – I would like to speak to those who are Xhosa because maybe I experience difficulty because I can’t speak English

F: Okay, that’s a valid point - because especially if you are talking about emotions, sometimes it can be difficult to express yourself if you are not in your mother tongue.

P4: Yes

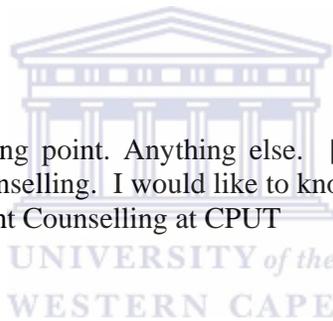
F: Okay.

P1: It would be better if I go to someone who is not Xhosa. Let’s say the counsellor is someone in your culture. So I tell her, my mother doesn’t want to listen to me about this and that. So then she’s like, you are a child, you know, so you have to listen to your mother – what your mother says goes. So I don’t think that they really understand that. I think someone different can say, “Okay, your mother doesn’t want to listen to you so you can do that is that and that.

F: Okay, so you in your situation wouldn’t want to go to somebody older of the same culture because they are going to reinforce the cultural rules that happen within your community.

P1: Yes

F: Okay, that’s an interesting point. Anything else. [Pause]. Okay, let’s move into the Institute for Student Counselling. I would like to know, what words come into your mind when you think of Student Counselling at CPUT



P2: Help, advice.

F: Help, advice – okay.

P5: Desperate help.

(Group laughs)

P3: It’s not such a good thing, but for me it is not in my time slot. I really have to be – need help to come here.

P5: Desperate help

P3: Ja (laugh)

(Group laughs)

P3: Cos when I am done I want get home cos I don’t have time to come here during my lunch hour and have food or be with my friends – I don’t want to still be here. So, ja - I appreciate it – and not that I don’t want to be part of it – but if I need it, I would like to be part of it – but in the time spot that I have – like.

F: So if you come here, it is not going to be to self-actualise – its' actually going to be that you have a real problem that you need to have help with. It's' not going to be for personal growth per se.

P3: Ja

F: Okay

P4: I think I can say we have honest people that I can talk to about my problems here at CPUT.

F: Is that what Student Counselling represents for you?

P4: Yes

F: Okay. Any negative things. (Pause). And I am not only necessarily speaking from you – maybe you have heard from the student body.

(Pause)

P5: It's a positive and I speak mainly for the people that live here in residence – cos I mean you are not around your family and you go and you finish your classes and you are alone at home – maybe problems with your friends in class or someone told you something. Then student counselling is here, someone you can talk to – can help you out – speak about your problem.

F: So it would be like a surrogate family – almost.

P5: Ja

F: Okay, interesting thought. Any other things? (Pause). So then, I suppose that would go into the same sort of thing as what would be your thoughts about coming to student counselling. You mentioned (P3) that you've got to be quite desperate and you mentioned (P5) about being a surrogate family. Are there any other thoughts about coming to student counselling to address your personal concerns?

(Long pause)

F: They really like student counselling here. (Group laughs)

F: Okay. The last question would be – if you had the opportunity to provide recommendations to improve student counselling, what would you suggest? (Pause)

P3: Do they do – say if I come here, do they do follow ups?

F: Ja. (Pause). Or maybe to make the question easier to answer, when you think of student counselling, what services do you think of – what do you think we do here?

P5: Educational services, if you have problems with your work – if you think it is too much, you are in the wrong faculty, when you have problems - life problems and relationship problems and all that – whatever your need is with problems.

P3: How often do students actually come here, because I have never heard of anyone coming here or so? But do people come here?

(Group laughter)

F: Well, yes – lots of students come here. Often we don't have space enough to see everybody. I mean that was one of the critiques that came out towards student counselling was that the waiting lists – if a student needs counselling now - they want to see somebody now – and then they would have to come tomorrow or two days later – or something like that. So ja – there are many people that are coming here. So, do you all feel that you know enough about student counselling.

P1: No

P3: I wouldn't say that I don't know enough – but I don't know – how am I going to say this now – I know what it is about, but I don't know all the things that they offer.

F: Okay

P3: I know they can talk to me, but I don't know what else they offer.

F: Okay, is that something that you would like to hear more about – what we do at student counselling.

Group response: Yes.

F: So how would we do that? How could we inform the students, without taking up valuable time – I mean – that is a big thing. [Pause]. Because we know how hard the students are working.

(Pause)

P3: The general mail on the email was nice, but now since these people are sending all this junk mail – we often just read everything and the mail is in amongst it.

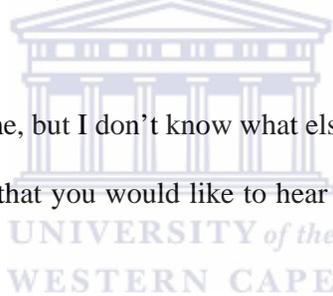
F: So if we sent out something that was eye-catching – some sort of poster or something that was eye-catching – would that make a difference?

Group response: Yes

P3: Or maybe having something in the student centre maybe one lunch time – to promote student counselling.

F: Okay? With the DJ's?

P3: Maybe getting in one or two people?



P1: Acting, maybe acting also.

F: Okay, so doing some sort of presentation that would be...

P3: Either at the student centre or outside at the dome – most people – I mean not everyone goes to the student centre, but everyone walks past the dome – more or less once a day – so ja.

F: Okay. Any ideas for us on how we can improve student counselling maybe things that you don't know are here that we could incorporate into this environment to help students. [Pause] I mean, you are the students – what do you need that you are not getting from us?

(Long pause)

F: Are you all happy? (laugh) More hours in the day (laugh) No further thoughts about that? Okay. Any last minute things that we haven't covered that you want to add? I'm going to go around and you can just add any final thoughts. You (P5) can start for us?

P5: This is my first year here – so. Talking about this student counselling here – I just want to see what's happening and then at the end of the year again we can talk about it – see if we have thoughts about it. Maybe at the end of the year we can talk about this again.

F: Okay. Thank you. Number two.

P2: What about counselling?

F: Anything, anything that you...

P2: Okay, I think about that culture question. Like, especially in my culture, if you are a Christian or something and you go for counselling – it's like you are not satisfied with your problems or something or – it's like part of being a Christian to have problems – so the sun will find you. If you go to a counsellor, then you cannot carry your cross or something like that.

F: That's a very interesting thought.

P3: In the bible it says something about, "don't lean on the arm of flesh" or something but you must trust in God. So this will be an example of going in the realm of flesh and not taking your problems to God. So, in such a sense – so then. Even if it is just older people that judges – even though their preach about it everyday, they judge you about it and ... ja. At the end of the day you feel very uncomfortable and so on.

F: So you feel that the message is already coming from the church that you shouldn't be – I mean not in a direct way...

P3: Not in a direct way...

F: ...But in an indirect way the message is coming that if you should seek help outside of yourself that you are not trusting in God to solve your problems.

- P1:** What I would like to know is are there any people with drug problems that come here, who are detoxing and stuff?
- F:** We have people with all sorts of things going on. I know it is difficult when you are in your own it is difficult for you to imagine other people experiencing hectic problems. But usually it is people with all kinds of problems who come to see us and sometimes it just shows you the nature of how deep set the mindset goes about covering your problems up, not sharing them, putting a smile on your face and acting normal – how deep it is. Because wonder sometimes what happens when a student really can't keep that mask in place anymore. You know, what happens to them, do they end up ending their life, because they would rather end their life than speak out about it. So ja, to answer your question, all kinds of people. Any other question?
- P4:** I forgot about this counselling because I end up with once a week, but maybe I can do two a week.
- F:** Okay, that's interesting – asking for two sessions a week. Okay. So how are you finding that kind of awareness is helping you?
- P4:** If I am like managing time – I failed to manage time – but now I am working it.
- F:** Okay, that's interesting – because we haven't actually touched much on that. Ja – okay.
- P3:** For me, student counselling, it makes me feel, how can I say, you know normally when I have a problem with my friend as well, it shows me that if the problem is too much for that person then there is someone I can go to that extent. It is not my first option, but I will go.
- F:** But nice for you to know that there is a safety net for you if you need one.
- P3:** A parachute.
- F:** A parachute, ja. Okay. Well I just want to thank you very much for your participation. It's been very valuable to hear your thoughts. Thank you.

FOCUS GROUP DISCUSSION 3

Tuesday, 15th May 2006

F: I just wanted to welcome you all and thank you very much for your coming through and being a part of this process because your thoughts and opinions are really important and I am really glad that you can share them with us. Just to reiterate about speaking loudly so that we can hear in the mike.

The first question I would like to ask you is: do you think having good psychological health plays an important role in maintaining good physical health? Is your psychological well-being important to keeping your physically healthy?

P4: Yes, I do think that psychological health plays a very important part in your spiritual life. Because psychological means mos, psychological stuff that you need to be alive, so you're your spirit can be alive and you can be well in your spirit. So I do think it plays a big role in our lives.

F: Okay and in your physical health?

P4: Also in your physical health? Because if you don't... what I understand in your psychological health ... maybe I am wrong – and correct me if I am wrong, it mos one of the basic needs that we have to have to be fit in our everyday life.

F: Okay, so you see that psychological health is part of a basic need, that if you are healthy psychologically, you are going to be healthy physically.

P4: Yes

F: Okay. Thank you, any other thoughts?

P1: I think also that a psychological health is important because like we talk about things that we feel inside then that reduce a lot of stress and tension that we experience.

F: Okay, so you think that if you could be psychologically healthy, it is going to give you a new way of looking at things so your stress is reduced.

P1: Yes

F: Okay, any of the others? Maybe participant 6?

P6: (Laugh). Ja, I also think so. There is a chance that if ever you think positively, then, I think you'll also feel much better.

F: Okay, so your positive thoughts is going then impact you.

P6: Positively.

- F:** Okay, what about you participant 5.
- P5:** Okay, I think that if you have something in your mind, then you have to share it, you have to share it with a psychologist. So it is the right thing to do – to share your thoughts – if there is something stressing you.
- F:** So you think that it is important to share, if something is stressing you, it is important to share it with a psychologist?
- P5:** Yes.
- F:** Alright.
- P2:** I think ja it is important, but I personally am not open like to my parents, so it won't be easy to be open to a psychologist, you see. So... ja.
- F:** So you thinking that while it is important, it's not always easy to be open.
- P2:** Ja, to someone you don't know. Cos we are not open to our parents, some of us, so I think it is important, but it is not important on the other side.
- F:** So do you see the psychologist then been somebody that is on the same level as what your parents are.
- P2:** Sigh. I have said like we are not used to been open, like to talk. I'm not used to, like if I am stressed to talk about my problem or my feelings.
- F:** So it doesn't matter if it is your parents, its just that you are not used to being open to anybody.
- P2:** Ja.
- F:** Okay, I understand now. So then, if we look at this whole concept of therapy, what are your family's perceptions of seeking counselling for personal concerns?
- P3:** My mother is really open about this psychological thing and the mental health. But I personally, it's not that I am against it, I'm not against it. It's just that as she said, it's so difficult to open up – I'm an introvert, so it is really difficult to open up – to her and to everybody. So...
- F:** So, it is not really about anyone specifically, it is very difficult for you to open up generally? Okay, anyone else?
- P4:** No, I think our families have a problem with it. Because families believe mos that we have to sit on a table and chat and talk it through. And even though you are not feeling comfortable to talk to them – even generations change mos and we as people change. No, I would not feel comfortable talking to my parents about maybe something that happened to me like a bad thing happened to me – and I wouldn't feel comfortable talking to them. So, I would rather prefer to go to the people that I know they can help me – because those people that are trained - like a psychologist, they are trained to make you

feel better. You go n there, you got to come out and know that – this person taught me. Even the family people are going to say, “No” if something bad happened to me maybe twice or thrice in the year, then they will say, “No man”. Like if you are successful, people will say “No, – it’s like witchcraft”. Our community is jealous about you and what and what. They don’t think about psychological appointments, they only think about day to day life. What people are jealous of you, so they see that you are going to achieve something ...now they want to break you down. And I think our families should stop that – it is better to go to people that are trained to do it – even though they know it and have experienced it along the way, these people that are really people that can help us with our day to day problems. Because sometimes, even in our houses, we find that – even if I talk to my parents about it, they say “Okay, everything is going to be okay, everything is going to be alright”. But at the end of the day you are still alone with the pain or whatever hurt you’ve got along the way. They cannot see your heart. Those people are helping you to talk about it, exploring your feelings and they even fantasize about them being in the same situations. Our families just say, “It’s going to be okay, it’s going to be okay, it’s going to be okay. Everything is going to be alright, God has a way...and what and what”. Even if God has a way but these people say that God has a way but you have got to look beyond this problem – look to the positive side and what and what. So I think it is better for us to go to these people cos they can really help us.

F: Thank you. Any other thoughts?

P1: Me personally, I never went for psychological help, to the psychologist, but being – my family – I grew up I used to talk everything to my mum, to my sisters and everybody was like that. So now I feel more comfortable when I’m talking to my mum like with something and even that made me to be open to my friends. And even if something should be like something personal or something like someone can call it a secret – I don’t have secrets – so I just talk everything. The way I feel it, I just say it. Maybe I can keep it one day, but when I feel like saying to someone – even if like someone brings a problem or talks about something – then I can say, “I also experience something like that” and then I can write my story. And then after all I feel that the burden has been removed. But most still my family, my mom – I talk about everything to her.

F: So you see your mom and your friends playing quite a crucial role in your psychological health.

P1: Yes.

F: Okay, anybody else?

P6: And also from me, for me it is easy for me to speak to my mum because I am not more open to a stranger – like a person I don’t know. I believe in my mum cos I believe she is the one that knows me. So if ever I open up to her it is much better for me than to open up to someone I don’t know.

F: Mm, okay, and your family, how do they feel about it.

P6: My family, no, they have no problem about that.

F: And how do they feel about talking to a psychologist?

- P6:** Well, nobody ever talks to a psychologist in my family, so we never really talk about that.
- F:** So you don't think that it would be an issue?
- P6:** But I don't think it would be a problem.
- F:** Okay.
- P5:** But if you have got a problem, you must tell your family, your whole family and they will decide if you should go to a psychologist or you should not go. They should be the one that gives you that advice of going to that psychologist.
- F:** So you think you family are the one that are going to advise you whether or not they think you are at a stage where you need to go for psychological help?
- P5:** Yes
- F:** Okay. How would your family feel about going?
- P5:** My family don't have a problem with a psychologist, so they will tell me if that is a huge problem and they will say if I can go to the psychologist because they can't handle it.
- F:** Okay, so if they couldn't handle it, they would refer you.
- P5:** Yes.
- F:** Okay. Alright. Yes?
- P1:** And always my mom always say, if you have someone to talk to, talk to that person cos like understand - she is not always here. She is far. But she encourages that if you have to talk to someone. If you think that your problem is personal or you need confidentiality, you have to talk to someone that you trust – that she or he won't talk about your problem. But you must talk to someone – can't keep your feelings – or even if they are painful – you can't keep it inside – you have to take it out – cos the way to heal.
- F:** Okay, thanks participant 1. Anybody else?
- P2:** As I have already said, I am not open with my mother but the only person I would talk my problem with is my sister, who is a social worker. She is the one who I am open with.
- F:** Okay, so your sister is a social worker so that is in the same sort of line. Ja. Okay, thanks participant 2. Any other thoughts about that? Okay, so then if we take it from your family perspective but now look at your community. What do you think your community's perceptions are of receiving counselling?
- P1:** Community is staying around the campus or where you come from?
- F:** It depends, it is totally up to you to decide that. And it could be both. It doesn't have to be either or – it could be both. So it might be your community where you stay feeling on set

of feelings and maybe your community where you live now on campus feeling another set of feelings.

P1: Firstly, I would like to talk about the community here, because most of the time I am involved in the peer HIV AIDS peer education. So there, it's like they don't mind if I talk about how I feel, even if I take it personal when we are having those groups. If I talk about something how I feel, it is where I feel comfortable. But where I come from everybody has this problem because they feel that this is my problem and I cannot tell because they think that people will laugh at you. They will talk about it as if you are not okay up there (pointing to head). Can't say something like that to people, it is only you who should know and face it besides my family – the community – they don't feel like I can talk about my problems.

F: So is this the group here on campus you are talking about or at home.

P1: The group on campus is okay because we talk about things, many things – so it is the community where I feel safe to talk about my things, even if I cannot say it is my personal problem – but I talk about – they take it out of me and get some advice.

F: Okay, do you find yourself a lot with the peer counsellors.

P1: Yes

F: So do you feel their training in this arena helps in any way – to become more open about it?

P1: Yes

F: Okay, so whereas in another friendship circle it might be different?

P1: (shakes head)

F: You think the students generally are more open about speaking about their feelings?

P1: In that HIV/AIDS group they are open now I haven't been exposed in other clubs – beside that group.

F: Okay. Thank you participant 1.

P3: If you talk about the community of the students, I think that the students are more open to the psychology thing but it won't talk about the community where I come from – that's another thing. She has said they believe that it's your secret, it's your problem, it's my problem – I have to keep it to myself. Why should I go around telling, uh somebody my problem? If I tell about my problem, they are going to laugh about it – they have that mind of keeping things to themselves because they are afraid of being laughed at. So, they are kind of blind, (laugh) if I can use that word (laugh), blind to the psychology thing – so much so that they ignore it – they take it that it is for some people – not for them.

- F:** Thanks number three. Do you feel that maybe that – when they ignore it – does that have any impact on them?
- P3:** Ja, I think so. For instance, if I can make an example, if I have this anger inside me and everyday you do something to me – if I am angry towards you, everyday you do something to me – be it small or be it big – it builds up. The next thing, I am going to explode. I can explode to you, I can explode to somebody else who doesn't know anything about my problem – so it becomes a problem. I think that it's the reason why we have so much crime in our communities. We pressing down our problems and as you press them down, they pile up.
- F:** So you think all this crime is a way of expressing all this stuff that has been repressed.
- P3:** Ja
- F:** Okay, that is very interesting – thank you. Participant 2?
- P2:** Where I come from – from rural areas like we are not used to counselling groups or...Cos most of our people are not educated and they are not used to that counselling groups like...so I think they are not used to counselling in rural areas cos most of them, as I have said, they are not educated. So, I would say, here at school, students they can be open to counselling, they can talk to a couns...a psychologist about how they feel.
- F:** Now, you say that people in the rural areas aren't educated, but what happens when they experience problems. Cos, I mean if they are educated or not isn't a criteria to feel problems, so what happens – where do they go when they experience problems?
- P2:** Like most of us, we don't have a ... we only have a psychologist in town, so most of us don't afford – we have to pay in order to be counselled. We don't afford, most of us we are not employed – so it is not easy like to...to afford to pay that money in order to be counselled.
- F:** So, where would they go then, for help?
- P2:** Some of them would go to their person in their family and try to solve that problem or friends, ja.
- F:** Okay, thank you. Four?
- P4:** Okay, let me just add it up (inaudible) ...like, where I grew up, it is also in a rural area – those kids like – if we are having problems, like, teenagers – they having problems, adults are having problems, everybody is having problems. You know there are no psychologists, there are even no social workers there. If there are, they are so (inaudible) - you don't see them at all. You only heard about them but you don't see them. So those kids, most of them they turn to alcohol firstly. Alcohol, is mos also adding to crime, so if these things can be introduced to our community – it would be a real big help to those people – because really they don't know nothing about psychological help, social services help. Those people are there but they have never seen them and people are so afraid to go there because most of the people – without meaning anything – they are mos white people – so black people are sometimes, especially our elders – they are not

educated – they are so afraid of white people. The thing is I want to come in here – people want to speak English – I can't speak English. I would rather stay at my home and have my problem and deal with it in my own way. If I drink myself to death – and it becomes a crisis and anything can happen mos – they can go and do suicide, kill each other – anything is just possible cos they are now drunk and anything can happen to a person when they are drunk mos. So that is why crime is so high in our rural areas – whereas here people are more alert and they can look at things in alternate ways. The other communities – they are not like this one.

F: You say that the older people in your community would a bit suspicious of a white – is it suspicious of a white person?

P4: No not suspicious, like afraid - in language mos – because we don't click with language. Because most of them can't speak English and even though they can speak Afrikaans, it is not as clear as they would like. Whites can't mos Xhosa or any other African language – so there is here the problem also comes in. People who talk the right language to the right people – things would be a little easier.

F: Okay. So you saying really there that the major thing is the language barrier because they would want to express themselves in their mother tongue and if they can't do that it would become a fear response.

P4: Ja

F: Okay. And you are saying that alcohol is a big problem? Is it just alcohol or is it other drugs as well.

P4: Anyone in the community would say that there is no – like people are unemployed so they cannot afford like drugs real drugs. These other things like tik-tik – they aren't been used in our communities. So they use mos wine, alcohol and there is these other cheap one of a spray and what what and stuff that you use – glue – and you smoke that one and you also become drunk mos – it is the same thing.

F: So they are looking for a cheaper drug to get that high. Okay, thank you. Five?

P5: Okay, I think that we should have psychologists in our community because if you have a problem and don't have a place to go to and you don't have someone maybe who will take your problem as his or her problem – I think that we should have psychologists also in our communities where we come from. Because here at school we do have this psychologists and we do come to the Student Counselling and tell them about our problems and then maybe if we have a problem and you are sitting in the room – you are telling your friends that I have a problem and I can't take it – this problem is so huge and I can't – it's controlling my life – so your friends can advise you to maybe go to the Student Counselling. And there in our communities – there is no one who is caring if you have a problem – the people will tell that we also have our own problems.

F: So they don't really care...

- P5:** They don't care. I think in the clinics there in the rural areas – there should be psychologists in the clinic – someone who could counsel the people if they have any problems.
- F:** Do you think that if there was a psychologist in the clinics, that the people would use the psychologist?
- P4:** They would use it.
- F:** You think they would?
- P4:** Yes, because there are many people with problems in our communities.
- P5:** Can I come in there, like our communities - even as though I have said – maybe said we are educated mos – because we are having at least some knowledge. We would like to prefer – especially now - I'm talking from experience – now I would like to go into a place where I can at least see somebody that I don't know – maybe like you (facilitator) – somebody that is at least having some kind of a diploma or something. Cos most of the chics undermine like – I know these chic mos, we are staying in the same community, how can I go and tell you my problem. No, it's not going to work out mos. So you gonna like know, undermine each other. If there is at least somebody who you don't know and know that his, even the doctors – you can go to the doctor – you will hear the people say, “Hey have you heard there is a new doctor and he is doing everything so good, he is so gentle with us” – so people are more frie... they are like, “Okay, I want to go to that doctor, I want to go there”. So if they can at least have somebody that is like educated and who has had experience – you know mos. Okay there can be other people who is going to listen and surround our community people – but most of us we don't prefer to go to them. Because as why, the communities are not raised like that mos. It's like, if somebody has a problem, it is going to be laughed about.
- F:** Mmm
- P5:** That is the way we are brought up in our communities and it can't change over night – it is going to take some time, but at least if I go to somebody I don't know, I feel more free to talk to that person because I know that this person is not going to see me again and if he does see me, it will be maybe I have already spoken to him and everything I will be myself. But maybe this chic, I know him – maybe I am going to see him tomorrow. He will know my problem and then it is not going to work out – so I'll just stay here and I am not going there.
- F:** So it is a big trust factor.
- P5:** Yes
- F:** So you are thinking that if you know the person you can't really trust them to keep it confidential. Okay. What about you participant 6.
- P6:** In my community where I stay, I don't even know them because you just go to your house and nobody even talks to anybody – we just say hi. So maybe if ever there will be some psychiatrist maybe. I don't know because I don't even know the people so –

everybody is living a private life there where I stay – so nobody ever talks to other people there about their problems.

F: Is there a reason why everybody lives such a private life?

P6: I don't really know. Nobody wants to be included in someone else's problem.

F: So they discourage talking to each other about their problems by living their own quiet lives?

P6: You just go to your house – nobody even goes in the street...so.

F: Okay. Any other thoughts about your communities? Okay, so then I am very interested to find out, what value do you personally, cos now we have spoken about your family and your community – what value do you personally place on counselling – about getting help if you needed it.

P3: I personally, though I don't do it myself, I encourage people to go to counselling because I think that – even though it does not work for me - I'm not going to lie – it's not working for me – but they that say if you talk you get healed. But it doesn't work for me – if I talk - the more I talk the more the problem is sinking inside of me. But I do encourage people to go to counselling – I don't know – just for purpose sake.

F: So how do you deal with your problems then, if you don't ever talk about them?

P3: Ignore them (laugh)

F: Do they go away if you ignore them?

P3: No they really do not – they are never bowing. But they always come back and when they come back they hit you like really bad. But I always rise up – seriously. Not that I don't know that I need some counselling – I do know that I need some counselling but at the same time, I think that my counselling will involve so many people. So, I want to be healed – I don't want to involve someone else in my counselling – so that is the reason why I don't go to counselling – it's going to involve so many people and I'm not in the mood of that. So...

F: So you are thinking that if you went to counselling, you would have to call let's say your mother to come to counselling, or your friend or whoever you have got a problem with.

P3: Exactly. And I am not in the mood of dragging the whole thing.

P1: Maybe something would help you – maybe you would have to talk to that person about the problem.

P3: Yes I know I have to talk to that person. I mean the problem that I don't go to counselling is that maybe there is the suggestion: why don't you talk to him. I do know that if I go to counselling, the counsellor will say, "Hey, you have to go to this person and tell him or her what you are feeling. And I am not in the mood of doing that. I'm still not in the

mood of doing that – for now I’m saying to myself, “Let things stay as they are – I will deal with it later”.

F: So you feel that it would be – your perception is that if you had to go to a counsellor – it would be that they would then tell you that part of your journey is now you have got to go and talk to that person. So that’s how you feel? Okay. Thanks number 3. Number 1?

P1: I think counselling is good – although I never went for counselling – counselling by appointment – but I need advice for someone to go for counselling because ja - when you talk - when I talk to someone about my problem then I need advice – or maybe the way I should approach the problem. Ja most of the time it does work – it does help really a lot. So I think when you go to a psychologist, it is also the same thing – but more than that – because the psychologist is qualified to talk to me and to give me many advice – there may be many strategies of dealing with the problem.

F: Okay, so you think that they won’t just focus on one thing – they might focus on many strategies.

P1: Yes and we may even find that that was not the only problem we had – there was something else that I was dealing with and we didn’t feel like talking about it – and then just talk about it.

F: Okay, thanks number 1. Anybody else? Number 4?

P4: Actually now I would really advise people to go to a psychologist, counsellors, social workers – everybody in his own profession – because those people are there to really help us. Because, even now, I have never gone to anybody. I’m really – I don’t know where they are. I ask around, “Where do you find these kind of people?” I ask, “Where do you find a psychologist, where do you find this...” I really want to go because now personally I do have a problem – like this chic said – no I have a problem and it will go away. But believe me, it always triggers your mind – and it is eating you up – you will never be the same again. And whenever you are faced with that situation – or even if it is another situation – that thing hits you again. So you should really go to those people and they can really help us. It’s just that we do not know where they are or we are not that much bright to go and make an appointment – to student counselling to make an appointment. There is something that counsellor’s appointment and you can’t just make an appointment. Because if you make an appointment and like “I’m going, I’m going” then you’ll say – let me just stay – I’ll deal with it in my own way. You can’t deal with it on your own – it’ll never. Cos you have to talk to about it to somebody – you have to talk to somebody who is at least like qualified to handle the situation. Because I believe the physios – the guys, they have dealt with a lot of those problems – even in the past. So if you come yours, yours is going to look so big to you, but to them it is going to be a minor thing because they would know how to treat it for you. So I would advise people to go – even myself I would really like to go to those guys and let them help me – cos now I really have a problem which I wanna discuss on a one on one session or something.

F: Mm. Okay. Thank you. Any other thoughts? (Pause). So then what don’t you value about a psychologist, about counselling? (Pause). Number 1?

- P1:** Um, there is a time that is allocated for a patient – so sometimes like though I never complained – I knew that we had to wait for the time limit to be over. What if I feel like talking – like now – but maybe next time when you are making an appointment for me – it’s like (sigh) I don’t know what to say anymore or I still have a problem but I don’t feel like talking now. So there is the problem with me with psychologists – that we have to have a certain time slot that is fixed – to one hour or 30 minutes. Sometimes I can arrive for the session and I’ll be tense and can’t talk – but as the time goes on then I feel free. And then the time is unfortunately...
- F:** (Laugh) So just when you start to speak then the time is up...
- P1:** Then the time is over...ja. That is a problem...
- F:** Anybody else?
- P3:** I have a problem with the questionnaire that they give you at the counselling.
- F:** Okay.
- P3:** Because maybe you have a problem and this problem is not on the paper or the questionnaire.
- F:** Okay.
- P3:** And the psychologist will only look at the questionnaire and ask you – and look at those questions and ask you if you have a problem with what what.
- F:** Okay – so you think that the psychologist is going to take the questionnaire and ask you specific questions about the questionnaire?
- P3:** Yes
- F:** Okay, any other thoughts?
- P4:** What I don’t value about them – is because – if you go to them - okay I know it is there profession. If I go to them, I go with this problem – and they will ended up – okay even though it is a good thing – it will help me with this other problem – but they most, if I come to them – I am like having a deep, deep problem – they will like go and nag and go – “It’s your past”. No man! I am with this problem – I don’t need those counselling to come back and haunt me. And they will like go - because they want to know the real problem. So to know the real problem they have to go and find your life and go and sit with that real problem. That’s not right man – I am coming with this problem and I want you to resolve it now. I don’t want you to go nag there and find other things that I didn’t want you to know – so you end up knowing everything about me. Basically that is what I don’t value. You know when you leave – most of the people that I know, when they leave it’s like, when they leave it’s like, “Here jong – now this person knows my whole life now”. Even though I didn’t want this – he knows me now – even if this is wrong. So, it’s a good thing but naaah uh uh I don’t value that. But it is a good thing for other people because at the end of the day they need to know what their problem is – so for them to know the problem they have to go and find the roots for the problem. So...

F: So you think if you go to a psychologist, you literally want them to solve the problem?

P4: Yes.

F: Is that what you are wanting? You're not wanting them to find the root of the problem, you are wanting them to solve the problem?

P4: Yes but solving the problem they must find the roots of the problem – so now I'm not like – naah I don't need that. Because in the roots – there can be mos a lot of people involved – like your mother – so at the end of the day – like she said – a whole people will be involved that are happening from those years long ago and my mother – so they will end up like everybody will be involved and all those hurt and what and what and what will be involved. So then it will end up that everyone will know that he went to a psycho because her father hurt her or her mother hurt her, or her boyfriend or ex boyfriend. So your ex-boyfriend will now that you are fragile because I did that to you – and I did that to you - even though you didn't want him to know. Because if you leave me, “No I am strong you can go mos, it is not the end of the world.” – but even though you are mos inside broken up.

F: Thanks number 4. Anything else from...

P1: I've never been there, so I don't know the procedure. But, so, there is nothing I can say.

F: Okay, so you don't have any thoughts about anything you have against them because you haven't been there yet.

P1: Yes

F: Okay. And have you heard anything from the student body or anything that you feel would be relevant to that question?

P1: No

F: Not. Okay, thanks. Number 6?

P6: No

F: Anything from you number 2?

P2: If my problem is not solved then I will not value that counsellor, counselling – if my problem was not solved.

F: So you would not value the counsellor if your problem wasn't solved by the time you left there.

P2: Yes, ja (laugh).

F: Okay.

P2: And I haven't been to counselling, but I would love to go to counselling.

F: Okay. So what's stopping you then – I am hearing a couple of people saying that they would like to go – what's stopping you from making that move.

P3: Um, it is really escaping. You have to be really brave if you want to go and see a psychologist because first of all, the first question I ask myself – what am I going to say there? Number two, is this problem gonna to be solved – is it gonna to go away? Number three, are all these people going to be involved. I don't want them in, I want myself to be healed. So, are they going to go in with me at the end of the day and I do not want that to happen. So, you sit down and think really, do you really want this – yes I do want it. Are you able to face the consequences – no. So you like turn your back and go away.

F: Thanks number 3.

P4: And like the counsellors are mos for free - the clinics wherever you go you will find a counsellors. But the physio guys – they are not for free mos. You have to make an appointment for an hour and they are going to charge you R300. Where do I get a R300 from and if – like she said – in that hour you would not have talked about everything man. You will like, you will have to go back and you will have to have another R300 and maybe you will be having, maybe – maybe make an example – if I come here, it is an hour session now? Okay, it is like questions that you have to ask, but if I go there, she's like – I'm gonna tell you my story – so telling him my story it will take some time – it will take an hour just to tell him my story. So if I have left I will only have told him my story. So I must go to him so that maybe he can tell me how to deal with it – so by him telling me it is going to take an hour and I have to go back and the money is adding up – so that's the thing – I won't have the money to go to those guys because they are expensive, really they are.

F: But here on the campus they are free of charge, you know that? Did you know that?

Group: Yes

F: Okay. It is part of been a student – the psychology is free. Okay, but I understand what you are saying cos that's maybe outside in the community why people don't – cos some people are not maybe employed and that sort of thing. Okay, any other thoughts before we move on? (Pause). Okay so, if you were to seek counselling – let's say you get over your fears and you are actually now walking in, what are the key elements that you would look for in a counsellor? And it could be right from the minute you walk through the door - right into the counselling process. What do you think are the elements you would look for to make that a successful counselling session? (Pause). Okay number 1.

P1: I would like that my counsellor would be as casual as possible. I don't want someone who is formal – like the moment I look at him or her – oof – I just want to feel free the moment I enter the door – it must be like friendly, very friendly.

F: They mustn't be all stiff and formal.

P1: No. They must share jokes and stuff like that, so that I like, ja, can say whatever I want to say to them.

F: Okay. Thanks number 1. Anyone else?

P4: Me firstly, I would like to look at the environment – where the kind of session is being held. I don't want to walk into a room like this – this is mos a dead place - so now I will not be helped here. So at least there should be nice pictures and ... He should firstly, she should look very casual and friendly and have a big smile, I mean have a smile that - a smile. And the room should be very nice – really, really cosy and just comfortable and like nice. You will just look, “Okay, this is this place, okay this place”. Even there should be books that you can read, but books that can help you – not in love life or just an ordinary book – but it should be really good and the environment should be very nice for me and then I would feel free to talk.

F: Okay - thanks number four. What about the rest of you?

P3: Ja it's the friendliness, are you friendly, are you warm. The way you welcome me, are you warm? Do you look at me when I talk to you because I don't want to talk to you when you are looking somewhere else – you are not listening to me if you are like that. Or if you are listening to me and you like, “I know that problem and I know how to solve it”. Don't bother. So the way you look at me – are you looking at me when I talk to you, are you really paying attention to me.

F: Thanks number 3. Number 1?

P1: Even me, I wouldn't like my psychologist to feel sorry for me. (Pause). Laugh.

F: Mustn't feel sorry for you?

P1: Mustn't feel sorry for me – he mustn't say, “This problem...”. Cos the moment someone says, “Oh this is terrible” and then she makes me terrible – more (laugh). So like she can like avoid that part of being sorry or being like, “I feel that”. I know if you feel something that – if she can just avoid showing – that part showing – ja – that I feel sorry for you - she could just be, “Okay, may you continue with the session”.

F: Okay, thanks number one. Anything else?

P2: I would like to meet with the counsellor who would be friendly and who would make me to be comfortable so that I could speak out.

F: Okay, so friendliness seems to be quite a big element. Friendliness and making a person feel welcome.

GRP: Ja

F: Okay. What about culture, how would you feel culture needs to be addressed in counselling sessions?

Pause

P1: In what way?

F: It can be in anything. Maybe you were walking in with certain expectations. You see I don't want to lead you – I want to leave it as pretty much open and say...whatever – it can be anything as far as culture goes.

Pause

P4: I'm not understanding the question really, but like – should the counsellor know about culture or if you have a cultural problem – can he like refer or say to you, “No man this is a situation whereby you have to go back at home and do the ancestors right or go to your parents and talk to them. Would the counsellor be informed about that or do you want to ask that because I really don't understand the question?”

F: Ja, so you are saying that that should be the case – they should be informed about your culture?

P4: Yes, because most problems, even though you go like – mos we want to go to the counsellors and the physio guys – we don't want to go back home to my mother and say, “Jong, I've been having these bad dreams and this and this”. So if I went to a counsellor, then he can advise me and say, “Okay, you have been having these dreams and these dreams. So this means that you have to go back home and go do right by the ancestors.” And not like – can – like there are certain dreams – other dreams are precautions and dealing with the thing that you haven't resolved yet in your life. And there are other dreams whereby you have to go back home and go and do right by those people at home. So they should be informed about culture – they should really know culture because they should not confuse us or confuse them. They should like when a problem must be counselled they can say, okay I cannot help you with this you must go back to those people - maybe they that can help you with those things.

F: Okay, thanks number four. Any other thoughts about how one would address culture in counselling. (Long pause). Is that a difficult question?

GROUP: Ja

F: If you walked in, I'm a white psychologist sitting there – and you are coming in from your various cultural perspectives – what would you expect from me walking in there – as far as culture goes – your own cultural perspective goes? (Pause). What would be some of the concerns that you would have? Pause.

P1: For me, I am not into this culture thing – so I have no expectations.

F: So it doesn't matter to you?

P1: Doesn't matter to me.

F: Are you saying that culture shouldn't be relevant?

P1: Ja, for people who have those strict cultures or – they should be considered. But for me...

F: Thanks number one.

- P2:** If you have a cultural problem then you expect to see the counsellor who knows your culture – not someone like a white person who does not know about our culture.
- F:** Okay, so would that be quite an important factor for you – so if you had a cultural problem then you wouldn't want to see somebody that didn't understand your culture.
- P2:** Yes
- F:** Okay. Number 4 and then number 5.
- P4:** Okay, I've seen on TV – this white chic now – there is mos people that can read your palm or read like your...
- P2:** Fortune-telling
- P4:** (inaudible)... I don't know that word now. Those people can also – cos I've heard from those people on the TV – they say, it was a white chic, she can distinguish between dreams – like maybe you are dreaming of a child – she will say, “No, somebody is going to give birth in your family or there is going to be a child”. He can explain those things to you. So now I don't think it can be a problem – a white person also knows culture but he will explain it to you in a different way. And most time – we people who have grown up with a culture thing – we always have a misconception – maybe now I can have a problem or maybe we can have somebody (inaudible) or when you dream of a child – a child is good luck and you are like “Ay something good is going to happen to me, something good is going to happen,” And never something good happens to me. Like you are, “No man I am dreaming”. He will tell you if you dream of a child it's not that something good is going to happen – okay something good is going to happen in the family – but not to you. Even if you are pregnant something good is going to happen because you are going to have a child, but not like you think, “I'm gonna win the lotto, I am gonna win money, I am gonna win a car because I have drawn this competition. And those things won't happen because you are having that conversation of dreams and what and what and what. And this people can help you because maybe they can look into it in another way – they won't drag you along - they let you look into it in that way, like, “I'm gonna win or I'm gonna have something good come along then you will end up, “No man, I dreamed about this but why didn't it happen”. It was not that you dreamed about it - a good thing – because maybe you can dream about somebody else having a good thing – whose maybe close to you. So culture should not be that much important in a session.
- F:** Okay, thanks number four. Any last thoughts?
- P1:** I think, though I have nothing to do with culture, but I think there is, for instance – in hospitals nowadays – there are traditional doctors - people who believe that they need traditional help. So I think maybe in counselling there must be something like that because someone might not feel – or she might feel this things is traditional, so he might need to talk to someone that understands that field of traditional healing.
- F:** Okay, so you think one needs to look... I mean just from that perspective it might be quite difficult because even within an African culture who have got various different sub cultures – so trying to have someone who is aware – I mean it is going to be quite difficult, ja. But I understand what you mean – that they should traditionally aware and

culturally aware as well. Okay, anything else? (Pause). Okay, let's take the Institute for Student Counselling – okay that building over there, that room over there. What are your thoughts about going to that Institute for Student Counselling to address your personal concerns?

(Pause)

P5: To get your problem solved...

F: Okay, to get your problem solved. Number 5, ja?

P5: ...and to forget about your problems – when you leave that place – after you leave the counselling room.

F: Okay, so you think that you will forget about your problem?

P5: Ja, when you have talked about your problem.

F: Okay, so you would have dealt with it?

P5: Ja

F: Okay, thank you.

P1: Can I ask a question?

F: Yeah, sure.

P1: In Student Counselling do they literal solve the problem or help you to solve the problem

F: We don't give advice – okay – that's not the role of a psychologist. What we do try to do is to facilitate problem solving – okay. So we are there as Facilitators – so we don't come and go: here's a list just follow from one to ten and then your problem will be finished. It's more about understanding what the problem is and then trying to teach you the skills involved in how to solve the problem. So, it might mean – as you say – you might have to talk about the past. It doesn't necessarily mean however, that we are going to bring those people into the counselling session. There many ways that we can deal with, if you have a problem with someone, there are many ways that we can deal with that problem without having to necessarily bring that person into the counselling session. So, ja – we don't really solve the problem per se.

P1: Thank you.

F: So any thoughts about that – going to Student Counselling?

P1: Me, I've never gone there, so I don't know what to expect or when I am getting out of there – I really don't know.

F: Have you heard anything from your fellow student body?



P1: Yes, my friend, she had a problem and she went for counselling. I don't know whether it is what helped her after all. The problem was that she couldn't cope with her studies and with the stress at that moment. But then after that she attended the sessions – I don't know whether that helped her, I think so – I don't know. I don't know how she feels about it – but I know she went for counselling and then she was fine.

F: Mm, thanks number 1. Any other thoughts about going to Student Counselling? Pause. Okay. What words come to mind when you think about Student Counselling?

P3: Help

F: Okay, number 3 says help.

P1: Opening up.

F: Opening up – number 1 – ja. Pause. Any words - for you that come up? Long pause. No other thoughts? If you had an opportunity to provide some recommendations for Student Counselling – to improve their current services – and this could be anything. I mean it could be right from marketing to actually going there – anything. What suggestions, what recommendation would you recommend to them to improve their services?

(Long pause)

F: Maybe we could go around and we can ask then. Can we start with you number 6?

P6: I can say that I have never been really there – so I don't know what they can improve on.

F: Is there anything that you think we could do to help you to know more about it? (Pause)

P6: Maybe teach people, tell people how it works and just - I mean we have another understanding of maybe that they going to ask you a question and all that stuff. Try to make them understand that it is not about that – cos you will get help and all.

F: Try to explain what we do there and what it is all about?

P6: Yes

F: Okay, number 5?

P5: You can stop giving that question that they give you if you enter.

F: So stop giving the questionnaire? Okay. You think that is stopping/hindering the process?

P5: The process, ja.

F: Okay.

- P5:** And they should advertise cos maybe many students don't know about the counselling from here.
- F:** Okay. So they should advertise it? Okay.
- P5:** At the Student centre.
- F:** At the Student centre? Is there a notice board or something where one would put that or do you mean to actually go to where they have the DJ's – maybe talk about it there?
- P4:** (Laugh). Those students like those guys.
- F:** Yes, I notice they seem to. Okay, thank you number 5. Number 4?
- P4:** Me personally, I have never been there. But I am talking generally – even at the government – especially those government places. Let the people be friendly and let them not be so rude. Maybe they are not rude, they are stressed out and because you enter the place and you see somebody, “Can I help you?” “Can I help you?” ” Can I help you?” and so rude and “Hi, how are you? What's your problem, can I help you?” At least try to be more friendly and not stressed so much. Because if you are a counsellor mos, you are volunteering to do that things, so you should cope with the stress of having a hundred patients for a day. If I'm hundred and one, you should be friendly with me even though you are there from 8 up until 4. If it is quarter to four, you still have that same attitude you had at eight o'clock. And they are so overstressed and they are so rude and people don't feel comfortable talking even though you are there you just talk to things – you will not talk about the real problem. You'll just go floating around and this and this and this – and you will be lying because you are so scared of this chic because of the way she treated you at first – it is just so not right. So they should at least improve their service by being friendly and very warm and nice to people.
- F:** Okay. Thanks number 4.
- P2:** For me it was my first time to hear about counselling and I did see the Student Counselling when I went to the clinic – but I thought that Student Counselling was for people who were HIV positive – I didn't know that if you are having a problem you can go and talk to the counsellor.
- F:** Okay.
- P2:** So I think you can also put posters to the library so that the students should know what it is all about so that they can come with their problems.
- F:** Okay, thank you.
- P3:** For me I think it is marketing – the way you market yourself. You concentrating on one place – like for instance in that department that I am in – National clothing and Textile department – I have never seen anything about counselling there. I always see it when I am up here and you are not always this side of the campus, you are always on that side. So, there is nothing about counselling there. I am telling you – nothing. No poster, not

anything about counselling. So, I think you should spread your marketing across the campus and not concentrate it in one place.

F: Okay. Thanks number 3. Number 1?

P1: Marketing and also about the groups – I think you should not only have one on one groups – but those other groups – and they must be there to be advertised so that you sometimes talk in a group like this – you sometimes feel much better. Even if you are not talking about you – but you just talking – it helps. And when you know that you are not the only one that is having a problem – you are facing the psychologist. Because when you talk to the psychologist – you just know that I am the one who has got a problem here. Now when you talk in a group like (inaudible).

F: Okay. So you are thinking that we should have self help groups as well – where you can talk like this with each other?

P1: Yes

F: In any specific area that you think that they need – any particular area?

P1: I say like studies. When you fail you feel like you are the only one that is dumb. But when you see that you are not the only one – you have no one to talk to. When someone is looking at you and “You have been here for how many years?” and it makes people feel as though they don’t belong here. It’s like talking about studies and life around the campus – yes.

F: Okay, that’s quite valuable – especially after exams when they get their results and initially you probably need somebody to talk to.

P1: And before that when you are approaching – like most of the time you need to – like those people doing semester courses in engineering – you know when you are writing – you are counting your marks that I need this much and I need this much. And that also makes you more stressed before you reach the exam.

F: So you are already trying to get into the exam with the most marks that you possibly can.

P1: But if you can have groups like that – groups to talk – you feel like you can make it. You just feel – ja – I’m going to do it, I’m going to do this – I’m not going to cancel this subject. Because the most thing you think about when you see that that I am going to write for 40%, I need 35% in that mark – which is 90% and I am not going to go there – just cancel. Maybe the exam wasn’t going to be like that – you were going to get that 35%. Then they just...

F: They give up beforehand...

P1: You just feel the burden and you have nobody to talk to. And you don’t have time – you don’t think about going to Student Counselling because Student Counselling is something that comes after everything. But they don’t know that there are groups to go and talk to.

F: Okay. Okay, thank you. Anything else you want to add – anything that we haven't covered yet. (Pause). Final thoughts? Pause. Okay, well I just want to thank you very much for your participation. We have come to an end and it has been very helpful. I think we have got a lot of things to work with now. Um, so ja just thank you – and if you have any questions please feel free to come and pop in and ask us – we can answer anything that you want to have. And just to remind you that if anything has come up for you while we have been talking now, you are most welcome to come over and make an appointment at Student Counselling. I will be there till the end of June and then I am going to the Cape Town campus – but there are other psychologists there as well that will be able to help you. Okay? Thank you very much.



FOCUS GROUP DISCUSSION 4

Friday, 18th May 2006

F: I just thank you very much for being a part of this focus group. I am going to be asking you a series of questions and it is basically just talking through different aspects of therapy, so if you need anything clarified or you are not sure of the question, just please ask me and I can rephrase it and hopefully we can get a better understanding if it is too difficult.

The first question I would like to ask you is: we have this concept of your emotional or psychological health – okay so you have got your feelings and that sort of thing. Does having good psychological health play an important part in maintaining good physical health? Okay participant 3?

P3: Yes I think so – if you are psychological well then you can – I don't know how to explain it but I think you can say if you are psychological well then you can take good care of your physical health and stuff. It goes hand in hand.

F: Okay. So you feel it goes hand in hand. Okay, any other thoughts? Yes participant 1?

P1: Ja, all of my experience being a peer helper – I think that I am psychologically advanced – so that helps me to understand things better, so that makes me whole. The same what he said – there is a link.

F: Okay, so you think because you are psychologically well, you feel more whole as a person.

P1: Whole – ja.

F: Okay. Number 7?

P7: I would actually think that – for me – it would actually go the other way around. If you are physically well it would also add to your mental health or how you are feeling psychologically. Cos maybe if you are in a constant training programme and having to do your studies in the evenings as well, we are having this mind phase of being tired or too exhausted to do. But actually when you are coming to your room after an afternoons' practice you feel more fresh and more able to do work – so...

F: So you see that the physical health impacts on your emotions.

P7: That's correct, ja.

F: Okay and do you think that if there was a possibility that you weren't physically healthy that you wouldn't be psychologically either.

P7: I wouldn't say exactly that but I would say being physically healthy would contribute to your psychological situation.

F: Okay. Thank you. Number 6?

P6: Personally I think that having a wellbeing of psychological health will positively contribute your physical wellbeing. In a sense that if you feel good about yourself, if you feel good it will reflect better also in many aspects. If you feel good and able to go to the meeting and do whatever – it is physically building towards your body. Unlike an emotional feeling that passes you and pulls you down, you won't have the stress to go out there and injected positively. So the psychological aspect of it is the one that contributes to the overall wellbeing of your health and so forth.

F: Okay. So you are pointing out – among other things that if you are feeling depressed it is going to pull you down physically as well?

P6: Yes.

F: Okay. Any other thoughts – number 4 – have you got any other thoughts?

P4: No, the same.

F: The same as that. Okay. Number 5? (Shakes head). Okay number 2?

P2: Ja, obviously the psychological health and the physical health go hand in hand. If you feel bad inside and one can see that you are distracted – because it goes hand in hand.

F: Okay, so there seems to be a general consensus that the two go hand in hand with each other?

GROUP: Yes

F: Okay. So what do you feel are your family's perceptions about seeking counselling for personal concerns?

P8: I think for that it depends on the ... Like for example, personally I think most black people they are not aware of these psychological things. Probably now most people are into them. Cos I remember my dad's medical aid they have this got money for this counselling and everything but they never used it. Each and every year he goes like, "Do we need counselling or what?" So it depends with the ground and what they think. Because in most cases they believe that if they have got their problems they can solve them. They don't need someone to go out there and deal with their mental problem and everything. So they just believe that they can deal with those things. And in the long run it catches up with them and then... Ja, so I think it depends on the background or income...

F: So you think that the fact that they don't talk about their problems, it can catch up with them later?

P8: Exactly, it does.

- F:** In what way is that?
- P8:** I don't know how to explain it, but if you grew up in this not nice environment and everything as a child, when they grow up and they have got their own family and everything – so they will check their children in a bad way because they have never dealt with what they went through when they were still young. So, for them it is just a normal thing. Beating their wife for them is just a normal thing because they saw their dad doing that and they never got help in the past-ja.
- F:** Okay. Thanks number 8 – any other thoughts? (Pause). What are your family's perceptions?
- P3:** To add to the point – I think, ja, the Black culture – they just don't see the point of going to counselling. They think it's for people who don't know what they want in life, they think it is for people who can't think clearly or for people who can't think for themselves – they want people to think for them. They don't see the need, ja, it is perceived as something that is just alien. Ja, I think...
- F:** Okay, thanks number 3. Number 6?
- P6:** Ja, basically it is true what they are saying that in a causative environment (inaudible) it is normal amongst black people that you cannot go out and express the issues that are family related to the outside world. It is uncustomary and uncalled for – it is not within the cultures. Whenever there is a problem perhaps the best solution is to call O-Go-Go or the elders to come in – but not to go out professionally – and say... To us it would be a disgrace because now you have admitted to the whole world that we are fighting. What is wrong with you, where did you get such things, who taught you those things? So normally we would go to the elders and then the elders would give us some advice based on their assessment – not on professional help. So that is the mindset that is amongst us.
- F:** Mm, thanks number 6. Number 1?
- P1:** Exceptionally true – what they are saying – mostly me, I like to speak things about myself and through this I learned to be outspoken and be honest about myself. So what happened to me one – by my family – people feel like – not trying to talk things out and go to psychologists. But when I was here, I tend to speak to my wife and once we went out and went to psychology and after then things happen to change and get in the right way. So it starts getting in. We didn't know what things but now things are start getting in.
- F:** So do you think you would have got the same help had you gone to Amagogo or one of the elders of the...
- P1:** Uh Amagogo – actually no (group & participant 1 laugh). It doesn't help that much. Yes, as people say that things are enclosed in family, but something which is kept behind – it is always going out somewhere and that is like rumours are spreading and all that things. But going to these people like psychologists – people are taught to be confidential – ja things is kept confidential and you can trust in that. Because you know that if something of me is let out there, then you are in trouble – basically you compromise your job or whatever. So that is why it is confidential.

- F:** Thanks number 1. Any other thoughts? No thoughts from you from a different cultural perspective?
- P7:** If I can speak on behalf of the Coloureds, I don't think that we really engage in counselling – I haven't really experienced it in my family and in my family life – so that's why I can't keep comment on the way we deal with counselling or if we consult counsellors – but generally I would also comply with the general view of everyone here that you know that basically we try to deal with the stuff on our own. You know ultimately, sometimes it just ends up being worse than what it was or not been solved at all. But ja.
- F:** What happens when it's not solved?
- P7:** Well, I can't think of something specific now but maybe if for example you take family issues – like you would have grandma and granddad and you would have the sisters – which one of the sisters is your mom. Then you would have the sisters quarrel with each other and having fights and having unresolved issues that would lead to the family departing from each other. Ja, basically everyone on their own and they won't be looking out for each other anymore and wouldn't want the best interest for each other. I think that would be the end result that and you would have to part with families. Ja that is an example.
- F:** Thank you number 7. Any other thoughts about that? (Pause). Okay. Then, what is your community's perception of counselling. Is it different in any way? Cos now we are trying to take you from your family out into your wider environment. (Pause)
- P3:** By community, you mean where you are right now?
- F:** That could be your community or it could be your community back home. You can say – you can choose whichever one.
- P3:** Okay, the community here on campus, the people that I am around – they just consider going to Student Counselling in particular. They think that people are mentally disturbed – there is a stigma attached to going to Student Counselling. The thing that if you go to Student Counselling you are a psycho or something like that.
- F:** Okay, thanks number 3.
- P3:** They think you are weak – you can't deal with your own problems.
- F:** They see you as a weak person?
- P3:** Or someone that likes attention.
- F:** So either you are weak or you like attention.
- P3:** Yes
- F:** Okay – any other thoughts?

- P1:** What they say – it's a feeling all around. But my own feeling again is that people doesn't know what it is about – counselling and psychology.
- F:** So you think that there is a certain element of ignorance around psychology.
- P1:** Ja, people doesn't know what psychology is about. I mean – as she said – it depends on how you were grown up. The background - people – we didn't know these things of psychology and counselling and all that things – so we grown up in that way and we don't know anything. Now, some people studying know these things – some people are opening up. Like I am doing health – Environmental Health - now people must understand the wellbeing of the person to be helped. Now I am in the community where I am in the class and people are understanding me - that is good. And people are going around and even some people are coming to me for counselling – so they can open up.
- F:** So you feel that as people are studying and getting more knowledge – so their minds are starting to open up as well – about psychology and the benefits of psychology.
- P1:** Because in Blacks community, people who's going out to counselling and counsellors – it is literate people – so because they openly know what it's about. The other people – they are not working.
- F:** Mmm, okay. Any other thoughts? Thanks number 1.
- P3:** Just an example – today I was there at Student Counselling and a guy who was accompanying his friend who was coming for a session – a counselling session - and he was asking me what kind of (inaudible) will they get in counselling and stuff. So I was trying to explain to him - and he says that I think people who come to Student Counselling are people who have low self-esteem and they don't know who they are. So there is that mentality that if you come to Student Counselling you are going to have a low self esteem.
- F:** Okay, thanks number 3. Number 2 did you want to say something?
- P2:** Ja, in our communities – back home – there is no connection – there is nothing about counselling or anything. There are no places like that. There are like in suburbs only where more educated people – you know. There's the money because sometimes you have to pay for this counselling sessions and stuff. So now these people can't afford that and they don't know what it is, what it does – so they don't know about counselling and things – they don't even go there. They will deal with problems family-wise whereby they come together and call the elders of the tribe and let them sort out the problem.
- F:** Okay, some people living in the communities can't afford the counselling and it is more for people that are earning money and educated and that sort of thing?
- P2:** Ja
- F:** Okay
- P2:** The naming of the psychologist in our (village?) is a or a community developer or something – so people don't understand what these people are actually doing. So if you

say that a person with that name is coming – then they will just understand and see that somebody come for development or something other issues. So that is also affecting somehow.

F: So you think the name gets in the way of ...

P2: In different languages

F: In different languages, okay. Okay, thanks number 1, number 5?

P5: All these things are also – it is going back to the background – of where we are coming from. So, these things of counselling in our communities and so, so most of the people are not aware of it. They are not used to it – so that is why they don't see the reason they should come.

F: Okay, so they don't see a point of what it means to go for...

P5: Ja

F: Do you think it is because there is a lack of knowledge around what the role of a counsellor or a psychologist is?

P5: Yes

F: Okay, any other thoughts? (Pause). Can I just remind you guys to speak up so we can hear on the tape – thanks. Okay, let's take from out there to you. What value do you place on counselling services or on counselling?

P3: I place?

F: You personally...

P3: I think that it is a valuable thing – very, very valuable cos it helps people a lot. Like people who have struggled a lot with their self esteem, but when they have gone to Student Counselling or counselling somewhere else and they would come out and people who have worked on their self esteem then would be in a better position to make informed decisions about their lives as effective before. So I think it is quite good.

F: Okay, thanks number 3, number 7?

P7: I just want to say that it just positive to you as a person, because counselling provides a platform where you actually can open up and just share with someone. And that person doesn't necessarily have to give advice or instruct or do anything – but just the fact that you can open up and share it with them already brings relief cos now you know that someone else knows whatever you are going through and they might know your situation and be able to assist you when times ... when assistance is needed. So, I would say that counselling provides that for them.

F: Okay, thanks number 7. Number 6?

- P6:** Firstly, when you are a person who is growing up, a young person, things like fairytale and all this stuff, and imaginary friends – so counsel somehow creates that particular environment whereby you can go out to someone and talk to that person. The only difference would be that that person give you advice – they are not a daily friend of yours unlike me going to hang with. It is just different. So counselling it covers particular (inaudible). In the young days you have this talk a lot. Now counselling covers this – if you have something you want to share – you can share it in counselling.
- F:** Thank you. Number 1?
- P1:** The counselling – it helps a lot. Even the social coherence with people – the way you talk to people. People get to believe in you, get to trust you, get to know – to see your importance for them. Because you get these kids from these kinds of things – when you start talking to people and people start filling in and seeing you then, “Okay, this person”. And myself there is somebody who is used to coming to me every time he is having a problem and then afterwards he came to me and said it helped me - I did this and this and this. So it is a big help.
- F:** So you are saying that when you go to see a counsellor that you learn ways of relating that are maybe different and then you go and help other people and then they see the benefits that way. Okay.
- P1:** Because obviously when you are speaking to somebody – you refer to yourself and say, “I even spoke to her about the problem to help me with this and this and this”. So he or she wants to go that way and whenever he goes he finds that it is okay. That’s it.
- F:** Okay, thanks number 1. Any other thoughts about what you personally feel about counselling? Number 4?
- P4:** Me personally it has helped me to realize things I didn’t know before I came to counselling. It has helped me to know myself and to look life in a different way. Before I came to counselling I was just like living my life, but now I know how to make important decisions – what I want and what I don’t want. Like I can’t be influenced – no peer pressure – nothing. I just live my life the way I want to live it. So I didn’t know that before I was involved in this counselling.
- F:** Okay, thank you number 4. Any other thoughts? (Pause). Okay, if you did not value counselling, why would you not value it? What reasons do you think there would be about not valuing counselling? (Pause). Number 6?
- P6:** I think what would be central to not valuing counselling would be should there be a lack of confidentiality in anything that can be discussed between two people. If should there be a lack of confidentiality it would affect the whole business of even been a counselling organisation because that is a platform whereby you pour your heart out. It’s like going to the confessions – I say my dear Lord – you are asking for guidance. (group laughs). You are at feet of the one you are saying here are my problems – one, two, three, four – this is hard, I need advice, I need you to give me advice on this. So, when you pray and talk to God and express yourself to God – there is no one that is going to hear you, there is no one who is going to know – except God and yourself. And when you go to counselling you don’t expect the counsellor to do miracles for you but to give you some kind of

leverage on any aspect or any kind of problem that you might be having. So, that part of confidentiality – yes.

F: Okay, thanks number 6. Number 1?

P1: For me the first thing it will be is yourself, if you don't believe towards counselling. You just go because he went there – so that you might not want to go there anymore. Secondly, it will be the attitude what you get from the counsellor. If he was, I mean the way he was acting or treating you during that. That enhances any reason for not going to a counsellor. It's like a church, I mean if you don't believe in God, you won't go to church. If you don't get a treatment from the church people, a good one, then you won't go to church. So...

F: It is important for a counsellor to treat a person with respect and dignity? Okay, thanks number 1.

P8: I think the counsellors and the psychologists are just there to give advice, not too come up with solutions. So most people they just go there and then they are advised. It's either you take the advice or you don't – it is up to you. They just give you this picture – okay fine – if you do this or if you do that or if you stop doing that maybe this will happen. Sometimes a person choose the wrong path and then the person blames the counsellor or the psychologist – that if it wasn't for him or her then things wouldn't be this worse. So, some people they go there thinking that they get a solution and whatever advice they get, they implement it sometimes in a wrong way and end up like things are just worse and everything. And with counselling there are like sessions – a person just goes there once and then the person is I am fine and everything. Then you have to do the full one so that you can make clear decision at the end of the whole thing. Yes, that's my thoughts.

F: Mm. Thanks number 8. Any other thoughts? (Pause). Okay, how do you feel if you were to seek – we've touched on a bit now in this question, but maybe we can elaborate on it more – if you went to counselling – if you were to seek – what elements would you be looking for that would make it a successful session? So you mentioned confidentiality and you mentioned that the counsellor needs to treat you with respect. Is there anything else that you feel would be a key element that would need to happen in order for you to feel happy about been in counselling. Number 3?

P3: I'd like the counsellor to show that he or she is listening to me – paying attention because I wouldn't like it if I would go for a counselling session and the counsellor would be feeling like “oh okay”. No, sharing that is not paying attention to me so I would like to feel that he is interested in what I am saying and I would like to feel that what I am saying is actually taken as something serious. If I have a problem, even if the counsellor feels as if the problem is a small thing, I'd like them to make me feel that what I am saying is important. Ja...

F: Okay, thanks number 3. Number 1.

P1: Before I came to this question I want to comment on the first one. By the treatment of the counsellor, I meant the professionalism of the counsellor.

F: Yes.

P1: Ja, if that is not good. Coming to this one is ah actually the ... can you rephrase the question.

F: What are the key elements that you would look for in a counselling session in order to make it a success?

P1: Okay, if the discussion between me and the counsellor doesn't reflect my problems – then I won't – if I don't feel it there when I am in the session with that counsellor there, then I won't feel it that he is doing something good that way.

F: So you feel that a counsellor should connect with you in your current situation with your problems that you...

P1: Yes. I mean although she is not connecting right, I must feel it somewhere somehow – the same. Because when you are in the session you feel the pain then the same way you start feeling the solution or seeing the solution – although it I not there at the time.

F: That's actually interesting. So you are saying while you are feeling the pain, at the same time you are also starting to see the solutions on your own.

P1: Ja, actually the pain is the remembrance – you still remember what makes your pain. Then at the same time because what was saying, or the discussion it shows you, "Okay if you did this ...", so you stop feeling pain that I would have done this. Just like reflecting or seen things – new things coming and old things left.

F: Shoo, that's interesting, it is almost like giving birth

P1: Yes

F: It's the pain of labour and you suddenly come to new solutions.

(Group laughs)

F: Just when you thought men couldn't give birth. (Group laughs). Yes number 7?

P7: When I think of a counselling session the first two words that actually pops up is humbleness and the other one is intimacy. I know there are a lot of definitions or like what we think of intimacy, but I read somewhere that intimacy is the extent of how you can be true to someone or something – you know. So, firstly coming to humbleness, you come to them with this kind of problem or this issue that you are having I would like the counsellor to humble himself or herself down to where I am, to really understand what I am trying to portray here and really give advice on that specific and not really be up there and make as if they understand and then the instructions that they give to me is not really relevant to the situation that I am in. And that goes hand in hand with intimacy you know, if I speak about a specific issue of mine, I would expect that intimacy in the sense of how true can that person be with me, how true can that person reflect on whatever I am laying before them. So ja, I would think of those two – those aspects in a session.

F: Okay, thanks number 7. Anything else, number 2 any thoughts?

P2: Ja, what I would like is for the counsellor to be sympathetic – that is the main thing. To show respect, to show attendance, to feel my pain – to give me options for the way out of the problem – you see. Cos I don't want him to command me to do this and do that – I want him to just light my way – those are the things I expect.

F: So you don't want anyone to come and tell you what to do.

P2: No, I don't want him to say just do this and do this and do that. I want him to give me care options and then I decide okay – let's go for that one, ja. To draw the discussion and show respect. To respect me and to respect my problem – so he doesn't think – this guy is bringing simple, weak things to me, he is wasting my time – that kind of attitude. I want him to respect my problem and give me advices and options – so that I can find a way out of the problem.

F: Thanks, number 2. Number 8 – any thoughts that you want to add?

P8: No, I just think that the counsellor must just not be judgmental. Because some people they don't go there – like the problems are different – sometimes it is the same problem. Sometimes you are the person that is creating problems for other people but you need help and everything. So the counsellor shouldn't be judgmental and things like that, because there is reasons why you are acting like that, why you are acting bad and everything – ja.

F: Okay, thanks number 8. Number 4, anything that you want to add? Okay, number 5?

P5: I would just like a counsellor – everything that we discuss will be between me and the counsellor.

F: So confidentiality is important?

P5: Ja

F: Okay. Did you add anything else number 6?

P6: No.

F: You okay?

P6: I agree (laugh)

(Group laughs)

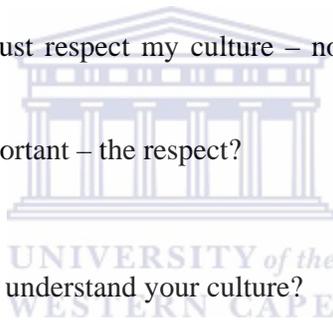
F: So here, this is from any cultural perspective. How do you feel culture should be addressed in counselling?

(Long pause)

P1: Tough one (group laughs)

F: Yes, this is a big one.

- P1:** I would say everything starts from (indicates low down) – and going up. So, people should start doing things – these counselling issues should be starting with primary educations or pre-primary educations in order to grown up with people to the upper limits. Because people up there, they know things and they won't be representative. Their message won't be representative - they won't give it out up to the bottom – they just keeping things at the top and the whole of the body is just left out. So if you start with the feet and start going up to the head.
- F:** So you think if you start educating children from little already, it will become a way of life?
- P1:** I mean culturally.
- F:** In different cultures.
- P1:** Yes.
- F:** Okay, any other thoughts about how culture should be addressed in counselling? Number 4?
- P4:** I think the counsellor must respect my culture – not like judge who I am and where I come from.
- F:** Okay, so that's quite important – the respect?
- P4:** Yes.
- F:** Okay. What if they don't understand your culture?
- P4:** Well maybe he or she must ask me – but no negative comments like “This cultural view is not good” or what. I will make him to understand that he must not say bad things about my culture.
- F:** Okay. Thanks number 4, number 2?
- P2:** Okay, if it is a situation related to culture issues I think it is best to go to a counsellor that is having a clear understanding about your culture. Or someone in your culture who is also a counsellor that knows what to talk about and what to not talk about. I think it is better to go to someone who knows about the culture or who is in the culture and also counsels.
- F:** Okay, thanks number 2. Any other thoughts? (Pause). Okay, we are nearly finished – hang in there. What are your thoughts about going to Student Counselling – to the Institute for Student Counselling for addressing your personal concerns? Number 3?
- P3:** Yes, I would because I think it would help me. Ay, I don't know what to say because I have said everything that I want to say. I think it would help me, I would personally go there.
- F:** Okay, thanks number 3, number 6?



- P6:** I think all of us here – we would go – cos that is why we are here, we have been through that – all of us (group laughs). But an average student – a normal student outside the post before I was a counsellor – before I became involved in Peer educating – not a counsellor, a peer educator (laugh), there is that stigma as she has raised before that in a normal environment you don't just wake up and decide that I am going to go to counselling. Something drastic should happen that someone should recommend that you go to counselling. Like here – especially Peer helpers – we're the peers we would recommend – no, I recommend let's go there (inaudible). But an ordinary student wouldn't just wake up on my own and decide I want to go to Student Counselling. That will not happen. If it happens, it happens once in – how many students are we 28 000 – once in twenty eight thousand (group laughs). So that is how it is that a student will wake up and on their own decide to go to Student Counselling – it does not happen. If she recommend that I must go, then I will go.
- F:** So it would have to be a big problem and it would have to be someone recommending that you go there.
- P6:** Yes, a big problem. As I come from the clinic I hear there is something then I come and chat to them and say – come, we go next door – there is counselling there. Perhaps I am from somewhere and maybe someone has passed away and I will suggest they go to counselling and try to sort it out. But out of the blue it wouldn't happen. But many crisis – yo come from students hey, but they wouldn't go to counselling because there is still that stigma in connection with counselling – it is not for us, it is not for me. Then sharing knowledge – it does make it more vibrant for students to be able to bold enough to come through. Especially when we, as peer helpers, accompany the person there. Don't just say, "Go there and ask for Michelle, she will assist you, she is very good", no! Take the person with you and, "no, come let's go there and explain to the person who they must talk to. That will assist in students coming to get help. (Background cell phone interference – inaudible).
- F:** Thanks number 6. Number 5.
- P5:** I think that is the reason why there have to be a Peer Helper because when we are out there we see things that are happening, so that we are able to assist them to come to counselling.
- F:** Would you yourself have gone to counselling before this?
- P5:** Laugh and shakes head.
- F:** No? Okay, thanks number 5, number 1?
- P1:** I also think that there is a stigma for counselling. People are thinking that counselling is only for bad things. But it is not.
- F:** Okay. Ja, they don't realize that it could be for personal growth or anything like that.
- P1:** Mm hmm.

F: They just think that if they are in a crisis then they must go to Student Counselling. Okay, anything else? Number 8 any thoughts from you?

P8: No, I'm just thinking on what she said - people don't come here because of their background – they are not used to this kind of things and everything. And we are helping, but we are just a small group. And the whole campus is big and everything and in order for a peer helper to convince a student to come in, it's very tough because they don't understand – they don't know what is counselling and everything. And then they will tell you things like, "What if I go there and then I don't get help?" you know - those kinds of things. So it's all in the background – they are not used to this counselling thing and then they come here and if they have got problems, they would rather call their mother or something. Or they will rather resolve into bad things like drinking and doing whatever for resolving their problems. But in general, they are not going to come here – they don't. And they have – as people have said here – they have this mentality that people that come here are psychopath. I was here – I had a session I think two weeks back here, so I was with a classmate – so I told him no, I am going to see a psychologist so I will be with you guys in an hour – and it is like, "So you are a psycho too". "No I am not – I just need help." So everyone, even the BTech level are thinking the same way – not just the first years and stuff – people that have been here for 5 years, 6 years – they still have the same mentality.

F: Thanks number 8.

P7: Hi, I guess I wouldn't have also – if I hadn't have been part of the counselling – started and been part of it – I wouldn't just come here if I had problems cos when I see counselling I think of the guys who are drug addicts or the ones that that are really at hectic stage that really needs counselling. So you wouldn't think of it as where you come for personal development or development relating issues within you as a person – to uplift you as a person. To just add onto the mentality thing that people don't really see it as an opportunity to go there and experience that whatever – that counselling to really help them to grow as a person as well.

F: Okay, thanks number 7. Okay, so you guys are on the ground as such – so maybe you can help me – or help us with the next two questions. Is, first of all, when you think of Student Counselling what words come to your mind? (Long Pause). Number 6?

P6: Psycho

F: Psycho? Okay.

P7: Addict

F: Addict? Okay.

P6: A miserable person.

F: A miserable person?

P6: (inaudible) Those are such stigmatic words. Those words that are not greeting words. You won't think of counselling (inaudible) if I go to counselling and ask for a study of

how to better my studies. They won't think of such words – they won't think of counselling - how can I make my body healthy in terms of physical and so forth – or go for counselling and get a session. He won't think of such words. What I think of personally, I think of cross – you know (inaudible) (group laughs) – he's not well off – he's not part of us guys (inaudible) (group laughs) – that is how the person thinks, that is how the person thinks.

F: Okay, thanks number 6. What words come to your mind?

P3: Help

F: Help? Number 4, what words come to your mind when you hear Student Counselling?

P4: Haai, I don't know – they've said it all – what I think.

F: Okay. Number 5?

P5: Problems

F: Problems?

P5: Stress

F: Stress? Okay. Number 7?

P7: Ah assistance - Um – if I were to think Student Counselling and then just go a bit deeper, I would think of the people that would be there – I would think that they would provide assistance I said – but really you know be there – for you...

F: Be available?

P7: Ja – and keen to help.

F: Okay, thanks number 7?

P8: I think – I'm just talking on my side – not like on everybody's side. It is safety – cos when you go there you talk to someone about your problems and you feel a bit safer for that moment that you are there you feel safe. And the other word that comes to my mind as well is solutions. You have this mentality, okay I have this mentality that I'm going to get solutions because I have seen this person and the person is going to assist me in my problems. Ja, those are the two words that comes to my mind.

F: Thanks number 8, number 2 – anything from you?

P2: Help, problems and ah stress and worries and darkness – darkness, they go there to go try to get light – and psychological problems and self esteem – all those things. All those words come to mind when you talk about counselling – Student Counselling. Students with problems and all that.

F: Okay, thank you. Anything from you number 1?

P1: When I say something then I will ask him to repeat it. (laugh)

(Group laughs)

F: Okay. Okay, so then in your capacity, what recommendations could you make to improve the current services that are available at this university in respect to counselling – counselling services? (Pause). Number 7?

P7: Just bringing back to the point of the identity of Student Counselling on campus – maybe just making students more aware of the different branches in Student Counselling – so it isn't just for when you have these major problems or facing these major issues but it is really also there for your personal upliftment and your personal development. So, I don't know through which mediums – maybe some workshops or presentations – some basic presentations – you know so that students may just become more aware that it is not only for that certain people but it also caters for the stuff like personal upliftment and ...

F: So it is about education really – about the different options – for the different perspectives as such

P7: ...of Student Counselling.

F: Okay, number 6?

P6: Ja, also just to add on to say which I wish to correct – perhaps we try to include the element of saying there is this Peer Counselling – cos generally the Student Counselling – Student Counselling Department - they don't know whether there is such a Student Counselling – where it is located. I think much more the Student Counselling, they need to communicate clearly there is this Student Counselling, there is this available, it is open, it is available too for students to come any time – to be able to - a communication channel, do they need information, (inaudible) for counselling, if you are writing exams, stress, an uncle that passed, communication channel. No, these are the services and it will be guaranteed to be available on campus.

F: Okay, thanks number 6. Number 5 – any thoughts?

P6 shakes head

F: No thoughts? Okay, number 1?

P1: I think the only way these people can think of getting through to the students is the, what do you call it, this session when the people are coming to...

F: Orientation?

P1: Orientation – and it is not everybody that is attending the orientation session – so they should do it through every department through the lecturer...

F: Okay.

- P1:** I mean and repeatedly – people will know about different departments or different (?) which is there at Student Counselling (inaudible)
- F:** Okay, so going just on orientation is not necessarily going to be good enough – need to go into the classes as well.
- P1:** I mean if the lecturers should know how people are in different developments on campus or what their function are. This will - people will try to know – will learn to know about different things. But these things were just said – like me I once had the orientation – so because I came from that background, I knew what was about counselling and what was about other things. So I did a lot of things, now people will now know this one's on this short course and what and what and what. Now people feel that – why are these things not told to us? It is just a lack of information or it is a confinement of it.
- F:** Thanks number 1. Number 4, any thoughts – any suggestions?
- P4:** Maybe like there should be more peer helpers around campus. This campus is so big for us because we are between the students and the Student Counselling. I think it should be more visible to people and tell them – like most of them have this mentality that Student Counselling is for Aids only – but they said like they should let students know that there are more options than that for Student Counselling.
- F:** Okay, thanks number four. Number 5?
- P5:** The first thing is we should do some shows whereby we explain/show people what Student Counselling is all about – around the campus and maybe into the departments or so.
- F:** So you are saying that the Peer Helpers can do the show?
- P5:** Yes
- F:** Oh, fantastic, okay.
- P8:** Ja but then, you know students they are attracted by something nice – there should be music and everything. If you just go and stand in front of them, they will not even go to listen. But for example if we do it once a month maybe in the student centre lunch time – there is music there and everything and then you just come there and say something about it. Maybe there is a competition, you see, a t-shirt – whoever does this – then it is going to get into their minds. But then just going to classes and doing it like orientation – they don't listen and everything. And I think – okay, most people they know about us around campus but I it is quarter that understands and everything – the rest they don't because I am not saying we are not visible but we don't have much activities. Our activities we just do in a group but then out there some people don't even know that we exist. But then we have to come up with a strategy to let people know that we are here and we are here to help – but it is going to be difficult. We can't just take our names and place them around campus because they will come to you everyday if they don't have money for bread then that is not going to help us (group laughs) – cos that is going to happen. But there should

be another strategy where you can just ask the students to come here because most people have problems.

F: Thanks number 8, number 2 did you want to say something?

P8: Ja, because not everyone knows exactly what Student Counselling is about or where it is situated – especially the first year students who have a lot of problems around. And even the senior students don't know more about Student Counselling so there must be ways to expose it in such away way that everyone knows it in a positive way – not just maybe fliers around, maybe make a show because students like shows and stuff – whereby we are just going to do maybe five minutes presentation and talk about and explain everything. Not bore them because speeches and stuff – all students – they don't like speeches and stuff. So something vibrant with the flag and the peer helpers and Student Counselling – explaining the brochures and the different books in the Student Counselling – different departments of Student Counselling – explaining what they are about, what you can gain and all that. But more especially around a show – that is where you can find them.

F: Okay, thanks number 2. Any closing thoughts about anything pertaining to counselling or anything else we haven't covered. I'm going to do a go around and you can just add any thoughts. Number 1 – anything from you?

P1: Yes, I am actually disagreeing with this that people should attract students with music – shows and all that things. People should start open your minds and start knowing that whenever it's called for something to listen to then – it might be help or it might be help for somebody else, even if it is not me. So, the things we, the things that comes out of show and all that things – music things – that is more offered to the community – so we must do other way around other strategies for attracting people – not just dances and shows, badges and other things.

F: Okay, so that plus other things.

P1: Ja, I mean it must be some constructive ways not only that somebody should be down in order to see something.

F: Okay, thanks number 1. Number 7?

P7: Generally, I just want to say that we should just look at the positives that we have right now and just try to develop on that and see where we can reach out more and be more effective. And just take this as a starting point or a little point and just continue on and not get discouraged by the fact that we can't reach the whole campus – but really just look at the positive and build from that.

F: Okay, thanks number 7. Number 6?

P6: (Laughs)

F: (Laughs)

- P6:** No, personally, I think, I think today's session shed some light in terms of what is needed that we are able to do to try to cover strategies like the colleagues have mentioned. New strategies that he has mentioned—shows, having much more fliers – to communicate our role within this society. Because we have to define ourselves as to what role we perceive to play within this society – CPUT Bellville campus is a society on its own. There are talents and abilities surrounding us that we need to consider (inaudible – background noise) and all those things - cultures and traditions – they are there. So we need (inaudible) and take up from there and see what it is we can do - come up with strategies to communicate our message clearer to them – then I think from then on we can eventually become more efficient and more effective in addressing those problems - even get rid of the, of the – what you call the stigma that comes along with some of the accounts we have inherited unfortunately by choice. But we admit to some of those backgrounds that carries that stigma towards counselling as a whole. So then it is part of that strategy towards looking at some of those strategies in order to see what is it that we can do.
- F:** Okay, thank you. Number 5?
- P5:** Okay, looking at the strategy of how can I tackle that comes back to seeing what all of this like – and so we need to know things that they like, so that can attract them. So in the show some people are going to like some people are going to think that they must be crazy. It should be like a normal show – you know Vodacom people they come here and have a competition (inaudible – background noise) and some music. They talk some stuff – cos they don't like long speeches – then you talk after that and then play some music and maybe play some bands and after that give something and some stuff like that.
- F:** Okay, thanks number 5. Number 4?
- P4:** No, I just agree with that you should move around campus and promote Student Counselling.
- F:** Okay, thank you. Number 3?
- P3:** Nothing at all.
- F:** Nothing – okay thank you. Number 8?
- P8:** Ja, I just wanted to say that students, they are stubborn and everything. Whatever strategy that we should have, it should be very flexible. Don't come up with things that are going to bother them because they will not go or listen. Instead, they will say bad things and it will just make everything worse - Student Counselling also and everything. So whatever strategies they come up with – it should be - cos we know what they like – we students too and everything and we know, like if they saying somebody is coming to address us – even in class – we get bored of listening to a person talking for an hour. No, just short sessions then probably it might attract them.
- F:** Mm. Okay, thanks number 8. Number 2?

- P2:** Ja mam, I agree with what she is saying to the functions that students like – maybe invite someone who is a celeb maybe everybody will come then. (group laughs). And tell them, you must explain to them about Student Counselling – the importance of it and everyone will listen to that guy. Because like who they want to be like – you know – it is who they love, stuff like that.
- F:** Okay, thanks number 2. Well thank you very much for all your input. I just want to thank you for your participation, I have really enjoyed speaking to you and listening to all your thoughts and opinions, it's been really insightful, so thank you very much.
- GRP:** Thank you.



FOCUS GROUP DISCUSSION 5

Friday, 25th May 2006

- F:** So I want to thank you, now that we are starting, just thank you for being part of this and let's just see how it unfolds. The first question I want to ask you is does having good psychological health play an important part in having good physical health? So when I talk about psychological health, I talk about your emotions and having a good emotional and psychological health. Do you think that has an impact on your physical health? (Pause). Number 2?
- P2:** Ja, I think it does, I think it does. I just have to think in what way – looking at my own life. So you can ask other people, I just have to think of what has benefited in my physical life.
- F:** Okay, number 3.
- P3:** Ja it does have an impact on that because in order your body to function, it starts from the mind and the brain and then your senses and then you transfer your senses, they are transferred – the messages is transferred to your physical body, where you know, you function normally – physically. But it all starts from the mind and the brain – it does have an impact on that.
- F:** Okay, so you think that it starts from the mind and brain and has an impact on your physical body?
- P3:** Ja, it does.
- F:** Okay, thanks number 3. Number 1?
- P1:** Mm I think that is a human being – (long pause).
- F:** Your emotions?
- P1:** Ja. (pause) I don't know how to put it.
- F:** Do you think your emotions impact on your physical health.
- P1:** Yes, on your physical health.
- F:** And how would you say that? How would you tell me more about that?
- P1:** (Long pause) I think you can go on.
- F:** Okay, number 4 – any thoughts from you?
- P4:** I think I didn't catch on the question very well.

- F:** Okay, I'm asking do you think your emotional/psychological health plays a role in your physical health.
- P4:** (Pause). Mmmmmmm... ja – it does, I do (laugh). I do because your emotional health do play a physical role, I mean an role in your physical health – in a way that if you are stressed or if you are depressed or if you are stressed it can contribute to your become paralysed. So, which means it has an effect on you – on your physical well being.
- F:** Okay, you want to add to that?
- P2:** Some other people they get depressed and then they lose weight, other people they gain weight. You think too much and then you have a stroke, so it does. Because a lot of people get strokes are those that worries a lot and thinks a lot about some things that happens in their lives – I think it does.
- F:** Okay
- P1:** Sometimes if you keep quiet with a problem inside it is going to really give you stress and depression – something like that.
- F:** Okay, thanks number one. Did you want to add to that number 4?
- P4:** Ja, I wanted to add, your emotion can cause you to do things that you are not supposed to – things like committing suicide – it is all because of your emotional well being – if you stress or you have a lot of problems, you fail - you end up failing to think proper. The thing what life holds for you – it stop you (?) to function very well.
- F:** Okay. Number 3?
- P3:** And also if you are a driver of your car and you are thinking emotionally you can make an accident on that – you can make an accident if you are thinking while you are driving on the road and making an accident.
- F:** Okay, so you're thinking that if you are thinking about all other things and don't pay attention...
- P3:** ...and you don't concentrate while you are driving and paying attention – then it can cause an accident.
- F:** Okay.
- P4:** Even when it comes to study, you can't concentrate
- F:** If your mind is worried about other things?
- P4:** Yes

- F:** Okay. What then, are your family's perceptions about seeking counselling for personal concerns (long pause)? Would your family come to therapy if they had problems? (Long pause). Who wants to go? Number 3, ja?
- P3:** I think they only come when they are been told by the doctors that they have got stress or something. They don't come always – maybe if you are at the doctors or something – let's say if I have got a headache then I went to the doctor for that headache – a doctor won't see only the headache, he will ask some other things for his patient – do you have stress or once a head stress or something like that. So they don't always come, they only come when they are told by the doctors for stress or for the treatment or all those things.
- F:** Okay, thanks number 3. Number 1 did you want to say something? (Long pause). Should we come back to you?
- P1:** Yes
- F:** Okay. Number 4?
- P4:** Um the section – what my family have, to be honest, its like – um - we really don't believe in counselling thing. All they do is talk to someone – a neighbour or someone big in the family so they can solve the problem. Cos they say this counselling it only bring on – it is a new thing – it has never be there to go – to have a specific place for counselling. And now that it has come people have been to have no trust on the counselling procedure. They like – the confidentiality – they have this perception that if I go and talk to a counsellor, people will find out anyway about my problem. So they end up not going to counselling or maybe talk to someone in the family – someone they trust – ja.
- F:** Okay, thank you number 4. Number 2?
- P2:** I don't know whether they will come to counselling but I think it is the same thing when you go to your friend to talk about something and I don't think they realize that that is also counselling in a way because you are telling them your problem and they are answering you back – so it is counselling in a way but they don't want it as they are going to the doctor and ja. But I don't know whether they will come or not.
- F:** Number 1?
- P1:** I think counselling people – they doesn't going to your friends. It depends.
- F:** Is there a reason for you thinking that way?
- P1:** Yes
- F:** What would be the reason? Why do you think it is better to go to a counsellor?
- P1:** Because they are trained to be the worker – ja.
- F:** So you feel that they are more trained than a friend would be?
- P1:** Yes.

F: Okay. Okay, any other thoughts about that? What do you think then are your community's perceptions of counselling? And your community can be this community that you are in at the moment – your student body or it can be the community you live in when you are at home. You must just talk – you don't have to wait till I ask.

GRP: Oh.

P4: Clearly at the moment at the community where here at the Technikon University people understand what's counselling. Most of them they know the good thing about going for counselling. But back home, the community where I live – uh uh – only the educated people that knows about counselling. And as I said the trust they have for a counsellor rather than a family members or friends.

F: Have people had a bad experience about trust in counselling?

P4: Ja, where I came from there is a counselling, a new start set up – for a start of counselling and the people used to talk about other people's thing. Even the HIV – you go there for testing everybody will know that you get tested you are HIV positive. So that is something that contribute to the breaking up of the trust on the counselling. So they rather end up not going for counselling and then commit suicide. And I think that the only way to prevent that is to educate people – I mean to make people understand that there are people that are trained to give the people, people's uuummm... (pause)

F: Confidence?

P4: Confidence ... ja and then to also tell the counsellors not to speak out – they give people's personality.

F: Okay, any other thoughts? Number 3, anything from you?

P3: I think that really now people are starting to realize now that professional counselling is the way to go but there is still – people need to be educated about the counselling – it is part of the professional counsellors to do some more awareness on counselling so people can start realising. We can still see – from where I come from people don't know about counselling. There is still that perception that if I tell my neighbours or my friends about my problem or I can keep my problem inside me like that. But in terms of in the institution students do know about counselling but they just come with that certain time or I can say that they are not so serious about counselling. But they do know about it – about counselling.

F: Okay, thank you number 3. Number 1 any thoughts?

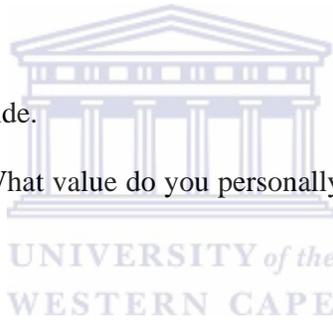
P1: What I think that people here they know about counselling but they are not putting it serious.

F: Okay, so they do know about it but they are not taking it seriously.

P1: Yes.

F: Do you know why they would do that – why they wouldn't take it seriously?

- P1:** Cos you can find a person, you can look for a person and you see – ah –this person is having a problem – but he just be lonely or always – or doing this. The counsellor is in the institution but his not speaking.
- P4:** And the other thing is that they are shy been seen going through a counselling room.
- F:** Mmm
- P4:** By other people.
- F:** What do you think their thoughts are about that? What happens if they are seen by other people – what would other people think?
- P4:** The people will judge them – why is she going for counselling – is she having a problem– maybe she is HIV positive –that is why she is stressed – maybe she’s - and they will start judging you on what everything you do. If you fail a test then they will say, “Okay we so heard you going for counselling yesterday. Maybe there is a problem. Oh okay, she is sick, we saw her going for counselling, she is sick - maybe she is HIV positive, those things.
- F:** Thanks number four.
- P1:** They see the person outside.
- F:** Okay. Nothing? Okay. What value do you personally place on counselling services or on getting counselled?
- P1:** Can you elaborate more.
- F:** So I want to know what are your feelings about coming for counselling?
- P2:** I wouldn’t mind to come to counselling, I think to tell people what you are going through – it is much better than keeping it inside. Ja, I would come if I had problems, I wouldn’t have any negative feeling towards counselling.
- F:** Okay, thank you number 2.
- P3:** I think just to add on that counselling is very – it is good to get professional counselling because it does help, especially when you are a student you need to – in your daily life you need to cope in your studies and also there are some other things that you need in life you must know how to tackle them – you must know how to do them now that you are a grown up person and so it does help in a sense to come to counselling.
- F:** Okay, thanks number 3. Number 4?
- P4:** I would feel that I would go for counselling, I also don’t have a problem for going for counselling – as long as the confidentiality is there and as long as I know that I will benefit from the counselling of been counselled by a professional counsellor. Um ja...
- F:** Okay, thank you number 4. Number 1 – any thoughts about you?



- P1:** I think it is nice – professional counselling – to be there. It’s just that students sometimes can have a problem – but nobody to tell. I think if you can go to the professional counselling then they can help you. Or maybe you tell your friend and you didn’t get enough – you didn’t get enough advice. Professional counselling can help this.
- F:** Okay, thank you. Okay, so let’s just say you didn’t value counselling. What reason do you think you would have for not valuing it? And it may be something you picked up from your environment – from other people as well. What reason do you think that they wouldn’t value it?
- P2:** They would go and tell their friends what we talked about – especially when that person knows you – especially if you come from the same community. Then you go and tell him your problems and they don’t have anything to talk about with their friends and then they start telling her friends what you talked about – which is very personal to you. And when you pass by everybody knows your problem. Ja.
- F:** Mm, thanks number 2. Number 3?
- P3:** This one there’s is no confidentiality, ja. If there is guaranteed confidentiality – so - it is not fine.
- F:** So that is quite a big one – confidentiality – it’s quite a very big one. Okay, thank you number 3. Number 4 – anything?
- P4:** Confidentiality is also – I’ve been saying it all over. Ja, confidentiality and then it is the thing people will value. If there is no confidentiality then people won’t go for counselling, but if there is confidentiality, then at least they will consider, okay, my problem will be heard and it will be kept secret. Cos the only reason that makes a person go for counselling is because that person doesn’t want to expose her things to be know by everybody, so ja.
- F:** Mmm. Okay, anything you want to add number 1?
- P1:** No.
- F:** You alright? Okay. So if you were to go to a counselling session, what key elements would you seek for a successful session? So, we have mentioned confidentiality as been one of them, what else do you think you would need to make that session a good counselling session?
- P4:** I would say, I wouldn’t want to be counselled by someone who knows me, or who knows my family, who knows my mother – you know. Just to feel on the safe side, to feel free to talk out what I want to say. I would feel much better if I had a counsellor that I don’t know.
- F:** Okay, thank you number 4.
- P3:** I think, firstly on myself I have to identify the problem – my problem – the reason why I am going to the counsellor and then I would like getting the necessary help from the counsellor. On the side of the counsellor I would like to see whether he or she is able to

help me or to offer me the necessary assistance that I need. I think that is the basic things I want to say from my side.

F: Okay, thanks number 3. Number 2?

P2: Like she said I think that I wouldn't want to be counselled by someone who knows me and when I go into a counselling session, I don't want that person to pressurize me with her ideas on me. I want her to be able to help me with what I am going through – not to make me see my situation the way she wants me to see it – but to in like a way that I will – maybe if I was wrong to see that I was wrong here, so that next time I would do something differently. Because it is impossible that I can also by myself in that specific situation because I didn't – she did not give me the medicine to the problem but she just gave me something that I don't know but maybe ja. But not pressurize me - her ideas into my head but try to help me and see what both of us can ...

F: So you want to make sure that you play part in your recovery – you don't want her to enforce her own opinions onto you.

P2: Yes

F: Okay. Number 1?

P1: The same applies to them – I don't want to counsel to a person I know. Like let me say – when I am here I am free to go in – cos nobody knows me nobody knows my family – I am free.

F: Okay, so it is quite important to make you feel comfortable that you can express yourself. Okay, alright.

P4: And in addition I would say – the other value - I would like a counsellor who could help me to make my own decisions – not her making the decisions for me. And then can help me make my own decision that is right – not the wrong. If I have a decision – no I have to go and kill myself today – at least the counsellor will help me to make a right decision - correct decision.

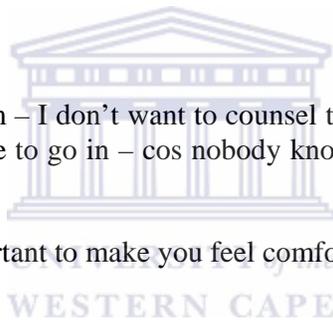
F: Okay, thanks number 4. Okay, so how do you think culture should be addressed in counselling? (Long pause). This is always a difficult question.

P4: I think when it comes to counselling, culture must be an exception. You don't counsel a person according to your own culture. You respect all people's culture. And respect your client's opinion – if she believe in something, you don't have to be against in what she believe, but you just need to help her go through what she believe.

F: Okay

P1: Listen to what she go through – she tells you first and then you start counselling according to her culture or his culture.

F: Okay, thanks number 1. Number 2 and 3 – any thoughts about that?



(Long pause)

P3: Ja culture it does, in some sense, it does affect counselling. That is why I can say that it is very important to – when you are doing counselling – to really not consider culture. Although we do respect it – different cultures – it's very important that when you do the counselling – not consider culture. But on the other hand – some people – are stereotypes because they will just say that they don't respect my culture or you just come up with your own culture or your own thing – addressing my culture”.

F: So you are thinking that we shouldn't consider culture in a counselling session?

P3: Ja, in a counselling session.

F: Okay, is there a reason for your thought about that?

(Long pause)

P4: I can help what he is thinking – HIV it is like this – if they ask some of the cultures – when like I am a counsellor and I am counselling an older person than me, so that older client expect me not to look in his eyes or expect me not to sit like we facing each other or something – so those things are some of the things are exceptions for counselling sessions. So, which means there is a reason why culture can be excluded from counselling sessions and then we rather look at why the person comes for counselling – the main reason that brought him – but not involving the culture thing – not looking in your eyes. Cause body language can also count in the counselling session. So, it doesn't matter how old I am to counsel you or counsel, ja. So if you come to counselling, cultures in another way need to be excluded – ja.

F: Okay. Do you want to say something number 2?

P2: Or maybe the reason for him or her to come to counselling was because of culture. You know some other time in culture they will tell you that you must marry this person and you don't want to marry that person and the family is pressurizing you and you are stressing and all that. You know, don't try to counsel that person according to what the culture says but what she feels in his heart – what he feels.

F: You must listen to what their concerns are and maybe take culture into relevance in that situation?

P2: Or maybe just put culture in the side for a while and let him just bring those things that is in his heart, what he feels and who does he want to marry and all of that things – the culture side. And then maybe when you are finished dealing with it – you know it's like taking the shell out and then you deal with this thing and then when you are finished he can decide what he wants to do with the shell – take it or whatever – ja.

P4: The HIV's like to make the person aware of the bad thing and the good thing about the culture. What it relates – like she said – or maybe like she has to marry a person – like she has to marry her brother's wife who passed away – something like that – just to make a client understand, to make me understand – is it good or right. Then after that you give the points of good and right and it is the client to decide.

P2: Cos after all it's about him, not just his culture – you can't tell him no, you can't marry this woman. You must first deal with these things first and deal with it and then he will decide what he wants to do with the culture.

F: Okay, okay I understand. Anything else? (Pause). Okay, so let's go into Student Counselling. When you think of Student Counselling, what words come into your mind – to describe Student Counselling?

P2: When you do not know which course to do – when you are first year.

(Group laughs)

P3: Subject choice

F: Subject choice okay, or career direction, okay. Any other words?

P3: The lifestyle within the institution.

F: What is the lifestyle?

P3: You meet different people, how to handle those people, how to deal with those people and the way you live, all those things. Because we're from different people and then we come from different backgrounds and different cultures. Oh yes, you will be meeting different people, different cultures, norms and values. Counselling is very important, how to handle those things, how to deal with those things. It can cause anger and what you call it, I've forgotten now – it is not necessary when amongst the people you see...

F: So it is not necessary to abuse people?

P3: Yes.

F: So then what are your thoughts about coming to Student Counselling to address your personal concerns. What's your thoughts about coming here for therapy? (Pause)

P4: I feel it is to be assessed in order to overcome my problems.

F: To be assessed?

P4: Ja

F: Okay.

P4: Assessed by a counsellor, to overcome what I am dealing with. If I am dealing with the problem of the course I have choosed, it should be so that I can maybe make the right decision. Maybe I happen to have the course that is not of my choice and I don't understand it – then maybe in my mind it's something like I have to go home or something – I don't like the course or I have to apply for another course and I just don't know where to start, something like that.

F: Okay, thanks number 4. Number 2 any thoughts about you coming to Student Counselling?

P2: Um, to build my self esteem, my confidence. How to act when people make me feel inferior, ja.

F: So would you feel comfortable to come here?

P2: Ja, yes I would.

F: Okay. Number 1?

P2: Ja, to be helped, to make the right choice.

F: So would you come here?

(Shakes her head)

F: You wouldn't come here?

P2: Scuse?

F: Would you come to Student Counselling?

P2: Yes.

F: You would come? Okay, thank you. Number 3? What are your thoughts?

P3: I think to take away the fear of living amongst other people, because now, in terms of my, in terms of the disability, if I can say that some people with disabilities they don't accept living among other people – it is still a fear for them. For normal people – it is still a fear for them. So just to take out that fear and build that self esteem and just to cope – it is very important to attend those counselling.

F: Okay, thank you number 3. Okay, the last question is, if you could provide recommendations to improve the current services here at Student Counselling, what would you suggest? (Long pause). Should we go around – okay - number 2?

P2: I haven't been here yet, so I wouldn't know because I haven't been to see a counsellor.

F: But even if you could hear about what students are saying or how you think we could improve it out there. It could be anything. What about this side?

P4: I also haven't been in the Student Counselling yet, but um what I would recommend, I would recommend if they could be highly confidential in their counselling - Student Counselling and then the way of talking to the student – like the receptionist when you have to ask the student, "Can I help you", something then there is other people sitting around. So she's to make it personal, not like to make it known by everyone that is sitting there to know that I am here for what. Actually, like it happened – like I don't know if it is related to the clinic side – cos you go there in the clinic – you want to see a counsellor,

then you ask - you go to the reception – and then “Can I help you?” “Yes, I am here for my result.” “What kind of result?” “HIV” and there are people waiting, sitting there. A person wants...I don’t know why it’s this kind of questions. A receptionist is supposed to be trained and know that, okay if I came in there and I give my student card and all you have to do is find out who I want to see and then other question of why I am here or why (2 group participants interrupt in agreement in the background) what – HIV – or I want to see “I am here for my results” “What type of result?” She want me to say “HIV” (participant says “HIV” at the same time) result – while people are listening–or whatever results I came for – which is not good – it won’t give anyone a courage – it’s like everyone will go out knowing that I came to the clinic for my HIV test results – which is not good. At least a receptionist must know ways of asking a student before she refer to the person who’s is going to help. Or take out my file and see why I was already here, okay I got tested of this, she came – she says she came for the result – rather than asking what type of result or a lot of questions in front of other people.

P5: Or why you want to see a doctor.

P4: Or the other thing, there is the process of talking. I go in the counselling and then the door is open – and talking to me while the door is open – while the receptionist and the other people are listening – which I feel is uncomfortable for them and I wouldn’t want to come back next time.

F: Has that happened?

P4: Yes (group respond “Yes”). It does happen and I even went to complain about it – it’s not good – it is not even giving any confidence. I complain at the same time and other people that are sitting there feel the same – like no you are not giving us hope to also some here to continue with the process – it is unacceptable.

F: Mm

P4: Yes

F: Okay. Any other thoughts?

P3: I just want to add on what my sister has said. One day I came here, there was a, I had a problem – I think it was during the weekend whereby I fell in the shower while I was taking a bath. So, I twisted an ankle. So I came by – it was a Tuesday. I understand that you have to make an appointment, but it was an emergency – on Tuesday, I remember that day. So, it was difficult for me that they could not ah– but I explained to them – they could not do – they didn’t want to take me – they didn’t want to call the doctor. I said to them, “I can’t even walk cos I am dependent on this, on my legs”. So I said to them, I didn’t even go to classes, I didn’t even attend classes because of this things – very painful. And then they said to me, why did you not come on that day – certain day. I said, “This thing happened during the weekend.” So, sometimes ja, but I didn’t lay any complaint. At the end of the day they took me in and they called to the doctor. I just told the doctor, “It’s difficult” and then he said, “No, I am going to find out from them why they did this”. Because you said it is an emergency, I understand that you are to make an appointment but in terms of emergencies and all those things – you have to understand that.

F: Shoo, okay. Do you think that there is an association with the clinic and the Student Counselling? Do you think students associate the two together?

P4: Like on my case, I do. I thought it's one thing – the Student Counselling and the clinic – I thought it is one thing.

F: Okay.

P4: That's why I thought it is just one thing – it's a half department – it is related - if you get tested and then you can come to counselling here – that is what I thought. HIV – we don't – most of the students we don't know the difference between Student Counselling department and the clinic – I thought it is only one thing. Which means, maybe they need to make that known to everybody – like it is different – cos if I had that experience in the clinic, I wouldn't want to come for counselling – I thought it is the same thing. I wouldn't even want to come if I had some problem – I wouldn't even want to come in the student department – I mean counselling department – I thought its – I think it is one thing – I thought it is one department. This respect between – or something – ja.

F: Okay, what about you two, about your feeling about how we could improve at Student Counselling? (Long pause). No thoughts? Number 1 – anything – any thoughts?

P1: No

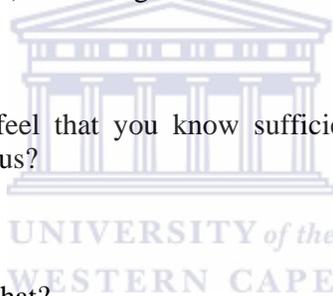
F: (Long pause). Do you feel that you know sufficient about what happens in Student Counselling out on campus?

GRP: No. Not at all.

F: So, how can we address that?

P4: Um, you can address that through meetings, actually there is – like us international students – we usually have to – we have a welcome meeting for all international students at the clinic usually - at the department of clinic – they come there to make students know that there is a clinic in the thing – and counselling if you – you get tested and then you go through counselling with Helen. So that is why we know – only know about their counselling, we don't know about this counselling. So I think that it is better if when they are coming to the outreach, you must also be involved – the people from the Student Counselling – and get us – make it different – that all - it is not all the same thing. Ja, that's the only way we can know – through a meeting or through – like there is also the Peer Educator thing. People used to meet after they are finished or at the beginning and then make them aware so that because the Peer Educator are the people to give the message to other through the campus. Then they will give the clear message that this is like this and this. Because if you have a problem – it's not only - usually if you have a problem you go to Helen. But there – it is only for HIV. So we don't know – HIV – we don't know - we also have problem – we don't know that we can come to Student Counselling if I have another problem – except from the HIV.

F: Ja, okay.



P2: Or maybe during orientation have some pamphlets to hand out to students – to the first year students – make them aware that there is Student Counselling wherever they go or something.

F: Okay. Thank you number 2.

P3: And also I think that there are some students who know about Student Counselling – as we have said before that maybe there is that fear or something. So students have to be encouraged – there must be that encouragement to come to Student Counselling. Because they have got that fear – because they are thinking of many things or confidentiality – all those things. But they know of Student Counselling – so there must be that encouragement for them to come – on the campus.

F: Okay.

P5: A lot of people when they went in the clinic then they – those receptionist there – they (inaudible) in that way, they think maybe in this side is also the same. That is why people – we don't know – we just say ...

F: That is why they wouldn't come here.

P3: I think there really is a need of the people to make us know the difference between Student Counselling and the clinic. There is a need for us to know that. Most of us we know that there is a Student Counselling, we also know that this building of Student Counselling, we call it Student Counselling - but then we call it with one name – the clinic. So we didn't differentiate between the Student Counselling and the clinic.

F: Okay

P2: I thought you only come here when you need to know something about HIV and AIDS and when you have whatever. But I didn't know that I can also come here when I have other problems.

P1: For any problems!

F: Ja.

P2: I didn't know that you can also come when you have – I thought that you counselled people that come from the clinic then maybe they had bad news and they come in here and they get counselled. Or they are sent in here to be counselled.

F: Okay, ja, okay - I can see how that could have been misconstrued. So, any closing thoughts before we end this session. Anything that you feel that you want to add? I will go around and then you can just – if you have anything you can just add it – anything that we haven't covered or maybe something that you would like to reiterate. Number 2, anything from you?

(Long pause)

P2: Nothing.

F: You okay? Okay, number 1?

(Long pause)

F: Must I come back to you?

P1: Ja

F: Okay. Number 3?

P3: I can only say there must be enough awareness on Student Counselling so that students are aware that there is this professional student counselling.

F: Thanks number 3. Number 4 any final thoughts?

P4: Mm, I exactly wanted to say the same thing – awareness is needed for us to differentiate between the clinic and Student Counselling and I will just say that they must also keep up the good work – counselling give them professional counsellors – so that if one person comes there then that person will give a good message to others so that people can have that trust come to the Student Counselling. Then the counsellor must just keep up the good work – use the professional way – the confidentiality must be involved as well.

F: Okay, thanks number 4.

P5: No, I wish you to do the best, so we come more and more and more.

F: Thank you. And I just want to say thank you very much for you participation, it has been very good and interesting to hear your opinions and again I just want to reiterate that if anything came up for you and you felt that you wanted to come and see a counsellor you can just come and make an appointment with our receptionist – not with that receptionist and it will be held in confidence and she won't talk loud or anything like that. Okay.

P4: So you mean if you want me to come for counselling you must make an appointment first.

F: Ja

P4: Is it the same day or before.

F: If there is a counsellor on the same day, you can see the counsellor – it just depends how much they are booked up.

P4: Oooh! So they will ...

F: Take you the same day.

P4: And do they also look in which situation that person is when they come to the clinic to book.

F: No. That would be what you would discuss with the therapist. So they won't say, "Why are you coming?" They will just take your name and then you come for your appointment and you fill in a form to say this is my name and all my details and they will give you a form just explaining the procedure and you sign that and you take it into the counsellor with you. And then you tell your story for the first time with the counsellor.

P4: Oh at the same time that you come in?

F: Yes

P4: Oh, I thought that you make an appointment and you go – because there are times when there was someone who is reading I think a problem and she is walking up and down and sitting there. We follow that person up but we don't know if to bring to the clinic and make an appointment and get counsel at the same time. That is why I am saying do you look at the person and the situation they are in. Because there was a time that we couldn't wait for tomorrow or we couldn't wait afternoon time or whatever time and they will book you in.

F: If you feel it is an emergency then you can just tell the receptionist and say could you please find a counsellor that could see her today still – or him today.

P4: Okay.

F: Okay. Thank you. Enjoy your week.

