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Editorial

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Anyone who has ever tried their hand at writing for scientific publication will agree that academic writing and good wine have a lot in common. Like good wine, good writing also takes time to mature. And those authors who submitted manuscripts to be evaluated for publication in the second edition of JCDHESA, will most certainly agree this volume matured for a good while.

Since the publication of the first volume of JCDHESA, the SAACDHE community has experienced many challenges. However, this is not the time nor the place to dwell on challenges. Rather, this serves as an opportunity to celebrate the success of publishing a second volume of research and conceptual articles authored by SAACDHE members.

A volume such as this one is the result of sacrifices made by many people. Firstly, let us take the opportunity to congratulate the authors on their diligence, grit and motivation to produce articles worthy of scientific publication. Professor Chris Kapp, writing for publication teacher extraordinaire, states that authors typically only submit the tenth version of a manuscript to a journal for peer review – hence, the commitment to get a scientific article published is worthy of praise.

Secondly, we are grateful to the peer reviewers who selflessly offered up their time and energy to evaluate manuscripts. More than though, the peer reviewers have to be credited with sharing ideas with aspirant authors on ways to improve their articles. We need to remember that the JCDHESA serves as an archive of the SAACDHE community's collective body of knowledge. As such, the authors and peer reviewers should be thought of as members from the same team – without the inputs from the other, this volume would not have come to fruition. Thirdly, a word of thanks to the editorial board of JCDHESA for their expertise and guidance.

Last, but no means least, we gratefully acknowledge the contributions of the outgoing Assistant Chief Editor, Dr LR Mlisa. ***Yours truly*** spent countless hours realising the goal of producing SAACDHE's own journal. Additionally, Dr Mlisa facilitated the peer review process and editorial duties for all the articles in this volume of JCDHESA. Moreover, she leaves us with a legacy that speaks of a passion for research – ***PUBLISH AND PROSPER***!

As a final word, I want to use this opportunity to invite all SAACDHE members to submit their manuscripts for peer review and publication. As newly elected Research and Training officer, I undertake to provide aspirant authors with ongoing, practical and hands-on support towards getting their manuscripts published in the JCDHESA. Feel free to contact me should you require more information. We are looking forward to seeing your name and work feature in the coming volumes of this journal.

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How Student Counselling can address Students' Emotional Wellness and Learning in Higher Education

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ABSTRACT
This conceptual article explores the use of psychological support skills within a positive psychology framework to address students' emotional wellness. The literature review shows that positive psychology advocates the identification and promotion of human strengths and is associated with the emotional wellness of both individuals and groups. Emotional wellness is linked to the development of emotional intelligence and enhanced learning. The development of psychological support skills facilitate emotional states that act as buffers against negative emotions such as paralyzing stress, anxiety and depression. The results from the literature review suggest various ways of applying positive psychology concepts to student counselling practice in both the individual and group sessions. The implications for student counselling practice is a renewed focus on a preventative and developmental approach that is strengths based. Finally the article provides examples of successful interventions and suggests further research on the impact of such interventions on student learning and academic success.

KEYWORDS
Emotional wellness; positive psychology; student counselling; student success

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Challenges in higher education in South Africa are increasing with the growing numbers of underprepared students entering tertiary education. The universities are facing escalating demands to be accountable for improving students' retention and graduate rates (Strydom & Mentz, 2010). A review of the literature suggests that both cognitive and non-cognitive factors contribute to student retention and success in higher education and students need to be engaged on both the academic and personal-social level (De Villiers, 1999; Tinto, 1993). Successful students seem to be able to both engage with the academic demands of the university and to manage the personal-emotional and motivational aspects of learning. The most excellent institutions are those that add value to students' knowledge, skills, attitudes and personal development as well as their employability (Astin, 1993). Academic performance depends on both intellectual and personal/social integration. This means that the institutions need to provide both academic and emotional support to students.

This conceptual article explores the development of student counselling practice needed to address students' emotional wellness and learning in higher education. It is argued that the development of emotional wellness would contribute to students' academic and career success and that it would best be achieved by addressing the affective and motivational factors that facilitate engagement with academic activities. Positive psychology with its focus on optimal development could provide the ideal framework for student counselling to explore the demands of learning and to facilitate the emotional wellness of students.

FACTORS INFLUENCING STUDENT SUCCESS

A review of international and national research of student development in higher education shows that managing the personal-emotional aspects of studies play an important role in student retention and success (Botha, Brand, Cilliers, Davidow, De Jager, & Smith, 2005). An overview of the literature by Morrison, Brand, and Cilliers (2006) reported that the following factors affected student success rates: depression, alcohol and drug abuse and exposure to trauma. University life coincides with the peak of the onset of mental health symptoms in the general population and it is to be expected that higher education students would have to deal with issues such as anxiety and depression. A South African study by Naidoo (1999) found that a significant number of black students experience stress when having to deal with adjusting to the academic and social demands of tertiary education. Factors such as the academic under-preparedness of students, the high incidence of trauma, emotional and adjustment problems, as well as the general stress, anxiety and episodes of depression linked to tertiary studies all have an impact on students' wellbeing and academic progress (Niemand, Brand, & Cilliers, 2006).

Using case studies a group of researchers (Jones, Coetzee, Bailey, & Wickham, 2008) interviewed academic staff, student support staff and disadvantaged students on the factors that contribute to students' success. Success was defined as a holistic concept, including academic achievement and personal development and growth. The report outlined a combination of financial, academic and socio-cultural factors as playing a role in student success. Students who receive financial and other support during their time at the university were more likely to complete their studies in a shorter time. Sommer and Dumont (2011) reported on the following basic competencies for academic success: English language proficiency, attendance versus non-attendance of lectures, reading skills and work experience. The findings of their study were that adjustment to the university mediated the relationship between some psychosocial factors and academic performance. If negative emotions such as anxiety and depression are not treated early it could have a negative effect on learning and studies. Successful students tend to be self-

regulated learners, while less successful students are unable to cope with the perceived academic overload. This leads to problems with time and stress management (Botha, Brand, Cilliers, Davidson, De Jager, & Smith, 2005).

Gardner (1993) introduced the idea of multiple intelligences which included both inter-personal and intra-personal intelligences. The traditional definitions of intelligence are not able to fully explain performance outcomes. Learning how to manage their emotions can assist students to utilize their intelligence more optimally (Haywood, 1997). It is argued in this article that the academic development of students is closely related to the personal-emotional adjustment of students. The influence of affective and motivational factors in students' lives provides an indication of how they are able to apply their intellectual and cognitive abilities in their studies. An example of this is test anxiety. De Villiers (1999) reports that test anxiety had a significant negative influence on students' academic performance. Early identification and intervention in these areas could lead to improved retention and success of students. The focus of the interventions should be on facilitating their academic as well as their personal-emotional adjustment.

Strydom and Mentz (2010) describe student engagement as the time and effort spent on academic activities which includes the emotional investment that students need to make in their learning. Highly engaged students benefit more from the academic experience and this promotes learning. Engagement overlaps with motivation and they share the positive emotional tone of interest, optimism, perseverance and resilience (Strydom & Mentz, 2010). These are some of the character strengths that need to be developed when addressing students' emotional wellness within a positive psychology framework.

POSITIVE PSYCHOLOGY FRAMEWORK

Positive psychology is the study of the conditions and processes that contribute to the optimal functioning of people, groups, and institutions and is strongly linked with an increase in wellbeing (Seligman, 2002). The approach is preventative in that individuals are encouraged to identify and utilize strengths which act as natural buffers against the impact of psychological disorders and negative emotions such as anxiety and depression. There is increased support for integrating positive psychology concepts into the everyday practice of psychotherapy and counselling (Guse, 2012; Harris, Thoresen, & Lopez, 2007; Seligman, 2005). The intent of this article is not to promote positive psychology in a blanket manner, but to use it as a framework for applying positive psychology concepts to student counselling practice for enhanced wellbeing.

A number of publications (Aspinwall & Standinger, 2003; Compton, 2005; Linley & Joseph, 2004; Snyder & Lopez, 2005) have been dedicated to positive psychology research and theory, where authors identify and describe human strengths and virtues and the measurement of these constructs. They also describe efficacy studies of a number of strength promoting interventions. Although a positive psychology approach to psychotherapy and counselling would be based on identifying and developing strengths and resources, it would not mean negating the negatives or ignoring distressing problems. It would rather mean having a balanced approach where the focus would not only be on the problems, but also on mobilizing individuals' strengths and enhancing wellness. In order to maintain good practice in counselling and psychotherapy it would also be important to take the timing and contextualizing of the strengths-oriented interventions into consideration (Guse, 2012). In practice this will mean listening to and acknowledging clients' problems as an integral part of any intervention.

Seligman (2002) developed the Values In Action (VIA) classification of strengths, which lists 24 strengths arranged along six dimensions of virtues. Examples of strengths with their corresponding virtues in brackets are: love of learning, critical thinking (wisdom and

knowledge); perseverance (courage); emotional intelligence (humanity and love); teamwork (justice); self-control (temperance); hope and optimism (transcendence). Besides general psychological strengths, individuals also possess signature strengths. These are strengths that are unique to an individual and when identified contributes to the individual being energized (Seligman, 2002). Individuals who utilize their strengths are more engaged, productive, flexible and resilient. The positive psychology approach to treatment is built on the enhancement of positive traits, the development of strengths, and helping clients access their emotional resources for positive change (Compton, 2005).

An example of a positive psychology concept where integration into counselling practice is justified by research findings is self-efficacy (Harris, Thoresen, and Lopez, 2007). The promotion and improvement of self-efficacy plays a significant role in creating positive counselling outcomes and wellbeing. Another example is the positive psychology concept of flow (Csikszentmihaly, 1990) Flow is a state of mind attained by individuals engaged in an activity that both interests and challenges them and is associated with optimal experience and wellbeing. Flow states can contribute to students' absorption in and engagement with their studies which can lead to more effective learning. Ebersöhn and Eloff (2003) describe an assets based approach to life skills as a way for individuals to cope optimally with their daily lives. They argue that individuals should be able to mobilize their intra-personal assets or life skills together with contextual assets or resources. An example of an intra-personal skill would be conscious pro-active self-talk as a way of regulating emotions and motivating the self.

EMOTIONAL WELLNESS
Wellness is re-conceptualizing health as a state of positive wellbeing rather than an absence of illness and includes emotional, spiritual, physical, intellectual, occupational, social and environmental wellness (Van Lingen & De Jager, 2011). Emotional wellness is about developing the coping skills for managing negative emotions such as paralyzing stress and anxiety and functioning at an optimal level. Dodge, Daly, Huyton, and Sanders (2012) defines wellbeing as the balance point between an individual's resources and the challenges faced by that individual. According to them stable wellbeing is when an individual has the psychological, social and physical resources they need to meet a particular challenge. Resources can be increased and developed as skills in order to meet challenges. Students who experience the challenges of higher education as too demanding would need to increase their resources and skills to achieve equilibrium and wellness.

A review of the literature by Garner (2010) links aspects of emotional competence and wellness to learning and academic outcomes in adolescents and young adults. Emotions are fundamental to students' cognitive and academic development and competence. Students' emotional competence refers to their emotion-related skills both on inter- and intra-personal levels. This includes awareness of emotions and how to manage emotions. In a qualitative study by Van Lingen and De Jager (2011) students reported that the possession of coping skills was seen as an important aspect of emotional wellness. Emotion regulation contributes to persistence in completing a learning task and is linked to applying the mental processes necessary for learning. Resilience, persistence with a learning task and delaying gratification are other measures of emotion self-regulation linked to academic success (Garner, 2010).

Motivational and affective factors that play a role in academic performance have also been described as emotional intelligence. This is the ability to effectively regulate emotions and to guide thoughts. Emotional intelligence has become an important component of emotional wellness and includes self-awareness, self-management, social awareness and relationship management (Goleman, 1995).

Bar-On (2010) argues that emotional intelligence should be considered as an integral part of positive psychology. Both emotional intelligence and positive psychology have strong

associations with the development of optimal emotional and social functioning with wellbeing as an ultimate outcome. Emotional awareness and prevention is the key to both these areas. People with high emotional intelligence are less likely to become dominated by emotional impulses and are able to manage emotions better, which has a positive effect on thinking and learning. Persons low in emotional intelligence manifest difficulties in accurate appraisal and expression of emotion, regulation of emotional experience and ability to use feelings to guide behaviour (Bar-On, 2010).

An overview of research findings by Bar-On (2010) indicate a relationship between emotional intelligence abilities and psychological skills which lead to emotional wellbeing and improved academic and occupational performance. A number of studies have demonstrated a significant relationship between emotional intelligence and academic performance and the correlation coefficients have been found to range from .41 to .45 (Bar-On, 2010). The emotional intelligence factors that impact the most on academic performance are the ability to effectively manage emotions and cope with stress, the ability to put things in correct perspective, the ability to solve problems of a personal and inter-personal nature, the drive to set and accomplish personal goals, and optimism.

Academic success was strongly associated with several dimensions of emotional intelligence in a study with first years that looked at the relationship between emotional intelligence and academic achievement (Parker, Summerfield, Hogan, & Majeski, 2004). Emotional and social competency becomes important during the transition between high school and university as it can assist with retention. In the study a group of successful students and unsuccessful students were compared to different dimensions of emotional intelligence. Intra-personal skills, stress management and adaptability were significant predictors of academic success at tertiary level. The conclusion of the study was that emotional intelligence factors are important for the successful transition from school to university (Parker, Summerfield, Hogan, & Majeski, 2004).

Bar-On (2010) found that the two constructs emotional intelligence and wellbeing are highly correlated (.76). Based on the four highest predictors of wellbeing it appears that the following competencies and skills contribute most to this subjective state: the ability to understand and accept one's emotions, the ability to strive to set and achieve one's personal goals, to enhance one's potential, the ability to verify one's feelings and put things in the correct perspective. The individuals who experience high levels of wellbeing are those who possess high emotional self-awareness, accurate and positive self-regard, self-actualization and effective reality testing (Bar-On, 2010).

PSYCHOLOGICAL SKILLS FOR SUPPORT AND DEVELOPMENT

One way to address the number of non-cognitive factors that impact on student learning would be to equip students with the skills that would mediate and facilitate students' emotional wellness and lessen the impact of these factors. Eccles and Feltovich (2008) proposed a class of domain-general skills similar to meta-cognitive skills, referred to as psychological or mental skills. The role of these skills is to provide support to learning and performance and can be seen as psychological support skills.

The acquisition of psychological support skills enables students to attain the emotional and motivational states conducive to learning and facilitates engagement with academic activities. Eccles and Feltovich (2008) advocate the development of the following support skills to enhance performance:

- Mental imagery and rehearsal skills aimed at improving self-efficacy (Bandura, 1997);
- Self-talk skills aimed at regulating emotions (Beck, 1995);
- Relaxation skills which acts as a buffer for anxiety (Hough, 2009)
- Goal setting skills aimed at improving motivation (Egan, 1990); and

- Planning, preparing and organizing skills.

These domain-general skills play a supporting role for learning and performing novel tasks. Psychological support skills address emotional aspects of learning by acting as buffers against negative emotions such as anxiety and depression. Students are able to attain and maintain psychological states conducive to learning and performing. An example of this is goal setting as a skill that could lead to the attainment of a state of positive motivation that would ultimately enhance learning. The role of psychological support skills is to support learning and performance by enhancing general psychological abilities. These general abilities include the ability to sustain high levels of confidence, sustain high levels of motivation, control anxiety and cope with stress, control concentration and attention, and organize the learning environment and the learners' time and energy. Each of the psychological support skills can be useful in their own way and contribute to enhanced emotional wellness and learning (Eccles & Feltovich, 2008).

Mental Imagery and Rehearsal
In mental imagery and rehearsal, individuals visualize themselves completing a learning task successfully (Bourne, 2005) as a coping strategy. Self-efficacy and motivation are sustained to the extent that individuals picture themselves in their mind performing well (Bandura, 1997). Mental imagery is used to enhance performance by mentally rehearsing an event or task. Reviews of research have shown mentally rehearsing the mental steps of a task has a positive effect on learning (Eccles & Feltovich 2008). Effective use of mental imagery can help sustain the motivation required for extended learning by developing positive coping states (Bourne, 2005).

Self-talk
Self-talk is a technique where individuals talk to themselves, either externally or internally (Beck, 1995). Both self-talk and relaxation skills are typically used in cognitive therapy, which has shown to be an effective treatment for anxiety and stress (Hollon & Beck, 1994). An example of a way to counter negative self-talk is through thought stopping where the negative thoughts are then replaced with more coping self-talk. A review of the research has shown that self-talk can have a positive impact on performance through its effects on anxiety and depression (Seligman, 2007). Self-talk management skills enables a person to restructure, counter or reframe negative self-talk in a more coping way (Beck, 1995).

Relaxation Skills
Relaxation skills can support learning by acting as a buffer against anxiety and stress, which can have a paralyzing effect on an individual's performance (Beck, 1995). These skills can be mental or physical in orientation. An example of a mental skill is meditation, which focuses on obtaining a comfortable position, breathing, relaxing the muscles and repeating a key word such as "relax" as a mantra. Meditation is also widely used in the practice of mindfulness (Hough, 2009). Mindfulness meditation is an emotional-management strategy with an enhanced attention to and awareness of the present and has strong links to wellbeing (Emmans, 2006). An example of a physical relaxation skill is progressive muscular relaxation, which involves alternatively tensing and relaxing each muscle group of the body. One would typically start with the feet and progress to the face and neck (Bourne, 2005).

Fredrickson (2005) suggests that relaxation strategies such as meditation, positive imagery and muscle relaxation can be useful in increasing an individual's positive emotions and contribute to a stable psychological state. Individuals experiencing positive emotions such

as hope and contentment or joy tend to be more resilient and flexible in their thinking, which leads to feelings of wellbeing (Fredrickson, 2005).

Goal Setting
Effective goal setting can enhance the ability to control motivation, attention and anxiety, with more specific goals producing better outcomes (Egan, 1990). Researchers have shown that performance is enhanced when goals are set in terms of performance and process in addition to outcome (Eccles & Feltovich, 2008). The attainment of wellbeing and self-esteem in goal pursuit also depends on the readiness of the individual to adjust goals to changing circumstances and to whether the goals are achievable (Brandstadler, 2006).

Planning, Preparing and Organizing Skills
The ability to organize and structure the learning environment as well as plan one's time and energy for learning is seen as a key factor affecting an individual's learning and performance (Eccles & Feltovich, 2008). Research has shown that more successful students spend more time on their studies and manage their time and resources better (Botha, 1971, Nisbet, Ruble, & Schurr, 1982). Calendars and to-do lists are examples of how the cognitive workload associated with organization can be reduced or off-loaded.

Acquiring psychological support skills better enable students to attain and maintain psychological states conducive to learning and performing. If this is done within a positive psychology framework, students learn to identify and use their resources and strengths that will enable them to become better learners. Student counselling services are ideally suited to facilitate the development of these skills to students as part of their practice.

Student Counselling Practice
Student counselling has the following roles in higher education as formulated in the position paper of the South African Association of Counselling and Development in Higher Education (SAACDHE) (2007):

- A developmental role in supporting and enhancing wellness and holistic development of students.
- A preventative role of assisting students in developing life skills, which will assist them in meeting their goals.
- A curative role by providing individual counselling to students experiencing personal adjustment, and/or psychological problems.

Student counselling's core services and programmes are aimed at wellness in general and emotional wellness in particular to support and facilitate learner development. The intention of student counsellors is to provide counselling interventions at different levels of intensity as needed by particular groups of students. The most intense level of intervention is individual psychotherapy and personal counselling. This would be followed by the use of small group work, skills development training workshops, and wellness awareness presentations, with self-help material and publications being at a lower level of intensity.

In his assessment of first year students' needs for counselling, Nicholas (2003) identified the following five areas: fear of failure, overcoming procrastination, coping with depression, discomfort in social situations and loneliness. Students also identified a number of issues that they would prefer to be dealt with by way of group counselling or workshops: sexual identity issues, career counselling, time management, reading and study skills, test anxiety, controlling drinking and HIV/AIDS anxiety.

In a benchmark survey of Student Counselling centres in South Africa, Cilliers, Pretorius, and Van der Westhuizen (2010) found that the most frequent student problems reported were relationship problems and academic difficulties followed by career development issues and anxiety and depression. Other problems mentioned by the centres were sexual harassment issues, suicidal tendencies, financial problems, bereavement and adjustment to university life. This study seems to indicate that there is an increase in the number of students that experience severe psychological problems such as depression, suicide, personality disorders, sexual violence and substance abuse.

All the centres surveyed, provided crisis counselling and psychotherapy as an integral part of its services and most made use of a brief therapy model. The centres also offered stress management workshops as well as workshops focused on study skills, preparation for tests and exams, interpersonal relationships, healthy life style, substance abuse and assertiveness training. This fits in with the preventative and developmental focus of positive psychology aimed at the holistic wellness of students. The overall majority of centres made use of peer helpers as an extension of their services and conducted their own peer help programmes (Cilliers, Pretorius, & Van der Westhuizen, 2010).

The implications of addressing students' emotional wellness within a positive psychology framework would be a preventative and developmental approach that is strengths based. Positive psychology concepts could be applied to student counselling practice in individual counselling as well as in group counselling.

Individual Counselling and Psychotherapy
Working within a positive psychology framework implies that there would be different ways of achieving the same therapy outcomes by focusing on clients' strengths, positive traits and coping strategies (Aspinwall & Standinger, 2003; Guse, 2012). This approach to counselling makes use of strategies from different theoretical orientations to help clients discover and access strengths and resourceful states. Existing psychotherapy and individual counselling could be adapted to accommodate factors that are related to positive psychology such as optimism and clients' expectations and hope about change (Lampropoulus, 2001).

Students experiencing anxiety or depression also possess basic human strengths, resources and coping skills. The argument is that identifying and promoting students' strengths and resources may motivate them toward change strategies needed to achieve their goals. Counsellors need to make identifying students' strengths and resources part of their daily practice. How a problem is conceptualized influences the planning of the intervention and Wright and Lopez (2005) propose an approach to diagnosis and assessment that guides counsellors to assess both assets and liabilities in the individual and the environment. Counselling practice within a positive psychology framework should not only assess pathology, but also include the assessment of students' subjective wellbeing, personal resources and their effective application of solutions to problems. A solution-focused approach would consist of identifying the client's resources, while looking for exceptions and times where the problem does not have such a big influence, without negating the seriousness of the problem (Quick, 2008).

Positive psychology concepts that are already part of effective therapy include building good relationships, identifying strengths, instilling hope and developing self-efficacy (Seligman & Petersen, 2005). Self-efficacy is an important concept for the successful outcomes of individual counselling and interventions that increase self-efficacy tend to be successful in achieving counselling targets (Harris, Thoresen, & Lopez, 2007). Self-efficacy has been shown to play significant roles in factors such as immune functioning, reduction in substance abuse as well as self-regulation and other psychological factors (Bandura, 1997). Efficacy beliefs strongly influence an individual's efforts to change and someone with a higher level of self-

efficacy will exert more energy, persist longer and acquire more skills and knowledge related to successful completion of a task (Lampropoulus, 2001).

Hope is one of the strengths that counsellors could mobilize in individual counselling sessions that would contribute to students' emotional wellness. This concept is seen as an essential part of psychotherapy and counselling and consists of an individual's perceptions of the ability to create goals, develop a plan to reach goals and to maintain motivation to achieve these goals (Snyder, Michael, & Cheavens, 1999). Students could be asked to visualize and mentally rehearse the steps needed to achieve a goal and then put them into action (Lopez, Magyar-Moe, Edwards, Pedrotti, Janowski, Turner, & Pressgrove, 2004). It is estimated that hope, expectancy and the placebo effect contribute to about 15% of the successes of therapy, while the therapeutic relationship accounts for about 30% of the success. The rest is explained by extra-therapeutic and client factors and the specific therapy methods (Hubble, Duncan, & Miller, 1990).

An overview of research on the effectiveness of individual psychotherapy has indicated that there are successful interventions for negative emotions such as anxiety, depression and anger that would result in improved emotional wellness (Seligman, 2007). Tanigoshi, Kantos, and Remley (2008) found significant improvements in wellness measures for law officers who received individual counselling. The treatment group obtained significant higher wellness scores than a control group that did not receive counselling. The study found a link between wellness and the preventative approach of early interventions. In another study, (Dabula, De Villiers, & Van der Walt, 2007) students at a university of technology reported the following changes three months after individual counselling sessions with a counsellor: improvement in emotional functioning and understanding of themselves, as well as motivation to improve their academic performance. The conclusion is that individual counselling has an important contribution to make in enhancing students' emotional wellness.

Group Interventions

Disadvantaged and underprepared students often lack the habits of mind needed for academic success. These include self-regulation, awareness about thoughts and feelings, and awareness of self-change (Lidz & Elliott, 2000). Life skills programmes and small group work in higher education could focus on developing intra-personal and psychological support skills, such as an awareness and management of emotions that would benefit students' learning.

An example of such a programme was developed and evaluated by the student counselling department at a university of technology. The purpose of the intervention was to support students, within a small group setting, to meet the emotional demands of their studies. It was aimed at first year students and utilized group discussions and the application of psychological support skills. The contents of the intervention covered the following areas: self-awareness and self-esteem; management of emotions while learning; emotional regulation and changing behaviour through self-talk; relaxation, mental imagery and visualization; planning and organizing time; setting goals and achieving them (De Villiers & Daniels, 2004; Hanning, De Villiers, & Petersen, 2006).

The intervention was evaluated with two groups and the subjects were first year and extended programme students from the Radiography and Mechanical Engineering departments respectively. The students were divided into groups of 12 - 14 students and each group was facilitated by a counsellor. The Radiography students consisted of 27 students divided into a pre-test group (n=13) and post-test group (n=14). The intervention was conducted over three sessions of two hours each (De Villiers & Daniels, 2004). The Mechanical Engineering extended programme group consisted of 25 students divided into a pre-test group (n=12) and post-test group (n=13). The intervention was conducted over six sessions of one hour each (Hanning, De Villiers, & Petersen, 2006).

The evaluation of the groups was based on the pre-test and post-test experimental research design (Barker, Pistang, & Elliot, 1994). The participants completed the measuring instruments at the beginning of the first session and again at the end of the last session. Two measuring instruments were used. The How I Feel (HIF) (Petersen & Kellam, 1977) provides a score for three dimensions of psychological distress, namely anxiety, anger/aggression and depression as well as a global score. The reliability scores range from .82 to .85. High scores reflect high levels of psychological distress, while low scores reflect lower levels of psychological distress. The Self Scale measures the self-acceptance aspect of self-esteem (Rosenberg, 1965). Reliability scores range between .85 and .92 and evidence of predictive validity has been reported. Low scores on the scale are an indication of a high level of self-esteem.

Positive differences were found between the pre-test and the post-test scores on the How I Feel scale for both the groups. The students obtained lower scores on the post-test than the pre-test, which is an indication of an improvement in their mental state after the small group intervention. The results of the Self-Scale indicate that students from the Radiography group showed lower scores on the post-test in relation to the pre-test scores. This is an indication of an improvement in their perceptions of themselves after the intervention. For the Mechanical Engineering group there was a slight increase in the post-test score which indicated a lower self-acceptance of self-esteem.

The results suggest that the intervention programme had an impact on students' development as regards to their psychological distress. Both groups showed an improvement in levels of depression, anger and anxiety. The scores on self-esteem scale showed mixed results, with the one group showing a slight improvement, but the other group showing a reduced score. This could be explained by the fact that the intervention was relatively short-term in nature. A change in self-esteem would usually need a longer intervention programme.

Overall the results of these two studies suggest that a small group intervention programme focused on the development of psychological support skills, such as goal setting, planning and organizing, self-talk, imagery and relaxation skills had a positive impact on students' indicators of psychological distress. Both of the above groups of students showed an improvement in levels of depression, anger and anxiety. The positive changes in psychological distress can be linked to student persistence and subsequent improved retention and success (Bitzer & Troskie-De Bruin, 2004).

There seems to be a need for small group student support interventions that focus on the development of intra-personal and psychological support skills to facilitate the emotional wellbeing of students. Small group support is one of a range of interventions provided by the student counselling departments in higher education. Student counselling extend their reach on campus by making use of wellness events and peer helpers to contribute to a positive institutional climate that would support student engagement and learning.

CONCLUSION

A number of studies have shown that personal-emotional factors play an important role in the retention and academic success of students. This article argues for an expanded role for student counselling in higher education to focus on the development of students' emotional wellness as a conscious strategy to enhance learning. Positive psychology could provide a framework for student counselling to conduct curative, preventative and developmental work that would assist students in meeting the emotional demands of higher education. Focusing on strength-oriented interventions and providing students with psychological support skills could act as building blocks to enhance emotional wellness and facilitate their learning. More research is needed on the impact of student counselling practice that focus on the enhancement of emotional wellness within a positive psychology framework.

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In Pursuit of Meaning: Pilot Study of a Logotherapeutic-Based Student Development and Support Programme

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ABSTRACT

Student development and support programmes have become increasingly important within the South African educational context. However, students are often resistant to attending such programmes. A logotherapy interpretation suggests that resistance may point towards a *call for meaning*. This article reports on (1) the development of a logotherapy-based student development and support programme, (2) a quantitative evaluation thereof, and (3) a qualitative analysis. A quasi-mixed methods research design was used. The Purpose in Life Test was used to quantitatively evaluate meaning-directed behaviours. Qualitative data analysis suggests that participants were able to develop a meaning-centred understanding of challenges faced. A logotherapeutic approach could potentially be useful in the delivery of student development and support services.

KEY WORDS

Frankl; logotherapy; meaning; student development and support; quasi-mixed methods

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In South Africa, as elsewhere in the world, education is regarded as an avenue to an empowered life – it is viewed as a stepping stone for people to acquire the skills, knowledge and abilities to live meaningful lives (Department of Education, 1997; Unicef, 2007; World Education Forum, 2000). Hence, many students may regard the pursuit of a higher education degree as a *positive* life goal. However, omnipresent stressors, such as poverty and financial challenges, crime victimisation, HIV/Aids and troubling interpersonal relationships, could negatively impinge on students' empowerment-directed higher education journeys (Hoffman, 2000; Hutchinson, Stuart & Pretorius, 2007; Mason, 2010; Pillay & Ngcobo, 2010; Van Heerden, 2005). Students who fall within the late adolescence/young adulthood developmental stages (18-25 years of age) also have to negotiate the transition between childhood and adulthood, as well as establish, amongst others, a sense of identity and meaning in life (Erikson, 1968; Hutchinson et al., 2007; Steger, Oishi & Kashdan, 2009).

Numerous South African universities have implemented student development and support-related (SDS) services to assist students to cope effectively with the stressors that they may encounter within university life (Cilliers, Pretorius and Van der Westhuizen, 2010; Morrison, Brand & Cilliers, 2006; Naicker, Boshoff, Maritz & Fourie, 2011). While such services are regarded as important support mechanisms within the university contexts, it typically focuses on assisting students to establish homeostasis. That is, students are assisted to, amongst others, explore their thoughts, feelings and behaviours in an attempt to deal constructively with the challenges that they may encounter. However, limited emphasis is placed on assisting students to embrace stressful challenges as opportunities to discover meaning (Mason, 2010).

Frankl (1988), the founder of logotherapy, claims that meaning can be discovered in spite of omnipresent stressful challenges. The central dictum of Frankl's theory is that life retains its meaning even in the face of stressors. He furthermore states that the foremost task of education, in an age when stress has become ubiquitous, is to empower students with the abilities to search for and detect meanings in the world (Frankl, 1988).

Logotherapy has been widely applied within international educational contexts (Frankl, 1988; Molasso, 2006; Moran, 2001; Wimberley, 2011) and to a limited extent in South African educational milieus (Hutchinson et al., 2007; Makola & Van den Berg, 2010; Mason, 2011). Makola and Van den Berg (2010, p. 92), in concluding on a South African study, indicate that students who experience a sense of meaning in life "…see meaning in their studies, are more interested in the service they will provide, and they maintain positive attitudes…" Hence, a logotherapy approach, which aims to assist people, such as students who fall within the developmental stages of late adolescence/young adulthood, to pursue their goals in spite of omnipresent stressors, may have relevant application value within the South African higher education context.

The purpose of this article is to report on a pilot study that aimed to pursue the logotherapeutic mission of education through the development, presentation and evaluation of a logotherapy-based SDS programme (hereafter referred to as the *Programme*) for first year students at a South African university. This article reports on three main aspects, namely (1) the development of the Programme, (2) a quantitative evaluation, and (3) a qualitative analysis of participants' experiences. In the next section an overview of the logotherapy perspective is provided.

LOGOTHERAPY: AN OVERVIEW

Logotherapy can be described as a positive-orientated existential school of psychology (Shantall, 2003). Frankl (2006) asserts that logotherapy rests on the assumption that life is unconditionally meaningful. He adds that humans have the capacity, and therefore also the responsibility, to search for and discover meaning in all of life (Frankl, 2006).

Reker and Wong (1998, p. 221) define the concept of *meaning* as: "…the cognisance of order, coherence and purpose in one's existence, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfilment." Steger, Oishi and Kesebir (2011) add that a sense of meaning in life serves as a schema that may increase one's awareness of meaning-relevant information. Thus, the discovery of meaning may serve to heighten people's capacities to impart their lives with purpose when encountering, amongst others, stressful experiences. A central logotherapy construct is the *will to meaning*.

The concept, will to meaning, contends that humans are constantly searching for meaning. According to Frankl (1988) the will to meaning is a primary motivational force in the lives of humans. Shantall (2003) adds that humans have been endowed with a particular life task and mission. Discovering and embracing this life task as well as actualising the accompanying values, can be regarded as meaningful. Therefore, logotherapy regards the process of discovering meaning as an important life task (Shantall, 2003).

According to Steger et al. (2011) the discovery of meaning is of particular importance for those, such as university students, in the late adolescence/young adulthood phases of life. Identity formation, also an important developmental task for young adults, parallels the process of discovering meaning in life, and appears to be indicative of psychological well-being (Steger et al., 2009; Steger et al., 2011).

Frankl (2006) states that meaning can be discovered in three ways, namely by: (1) creating a work or doing a deed (creative values), (2) experiencing something or encountering someone (experiential values), and (3) the attitude humans assume towards unavoidable suffering in life (attitudinal values). The discovery of meaning subsequently implies that humans ought to actualise and realise certain values despite omnipresent stressors. For students, meaning could be discovered, or frustrated, in the domain of higher education (Frankl, 1988).

When the search for meaning is blocked, humans may experience *existential frustration*. Frankl (2006) explains that the term, existential frustration, refers to an inner sense of meaninglessness. According to Shantall (2003) existential frustration is not necessarily pathological. Rather, it paradoxically points toward a *call* to discover meaning through, amongst others, the activation of the will to meaning. Frankl (1988) suggests that boredom, apathy and lethargy are all signs of possible existential frustration. Hence, these behaviours may also serve as a call to activate the will to meaning.

METHODOLOGY
Research setting and background
In 2006 the researcher was tasked to present a series of SDS programmes to groups of first-year students. These groups were often found to be resistant to attend the programmes: they appeared apathetic, bored and lethargic. As a student of logotherapy, the researcher suspected that such behaviour could point toward a *call for meaning*.

This suspicion was anecdotally verified during a debriefing session with a student from one of the groups. The student, who was enrolled for a Nursing qualification, relayed the stressors that she had encountered when undergoing practical training within the hospital context. However, she added that nursing was her life *calling*; an important task that she had to fulfil. In a qualitative study, Mason (2011) also found that nursing students regarded their chosen field of study, notwithstanding its stressful nature, as a *calling*.

When interpreting the student's experiences through a logotherapeutic lens (Frankl, 2006), and considering Mason's (2011) findings, it could be inferred that nursing students are endeavouring to discover meaning in the face of stressful challenges. This led the researcher to hypothesise that adopting a logotherapy approach to SDS programmes could prove to be beneficial for, amongst others, nursing students. Subsequently the Programme was developed

specifically with, as a pilot study, first year nursing students in mind. The aim of the pilot study was to assess the potential value, by making use of quantitative and qualitative methods, of a logotherapy approach towards the delivery of SDS services for nursing students.

Approach

A quasi-mixed methods research design was used to conduct the study. Teddlie and Tashakkori (2009) purport that quasi-mixeds method designs allow researchers to collect both quantitative and qualitative data, without deliberate integration of inferences. This design was deemed appropriate for the aims of the pilot study being reported on.

To address the quantitative component of the Programme, the following research question was asked: *Will the logotherapy-based programme enhance participants' will to meaning as measured by a logotherapy instrument?* The qualitative research question read as follows: *What will participants' thoughts, feelings and experiences of the Programme be?*

Sample

Because this research focused on first year nursing students, a purposeful sample, consisting of a group of first year students enrolled for the academic programme in Nursing Science, at a South African university, was used. In total 13 participants (n = 13; sex (male = 1; female = 12); age (range = 19-45; mean age = 22.2 years; standard deviation = 6.83) enrolled, in the capacity of students, for their first year studies in Nursing Science in the year that the study was conducted. The entire aforementioned group of students was enrolled for the Programme by their academic department, and agreed to participate in the study. Even though the sample size was small, it was decided that it would be sufficient for the purpose of the pilot study, namely to assess the potential value of the Programme.

Data Collection

A research questionnaire package was used to collect quantitative data both before (pre-test) and following (post-test) the Programme. The questionnaire package consisted of two sections: (1) Ethical information form (see section on *Research ethics*), and (2) the Purpose in Life (PIL) Test (Crumbaugh & Maholick, 1981).

The PIL Test was developed to empirically evaluate Frankl's (1988) concept, will to meaning. The PIL Test (Crumbaugh & Maholick, 1981) consists of three parts. Part A of the PIL Test can, because of its quantitative nature, be used as a stand-alone assessment. Parts B and C are utilised primarily within clinical settings. Only part A of the PIL Test was utilised for the purpose of this study. Item responses on the PIL Test are obtained by using a 7-point Likert scale and summing the 20 items. The PIL Test scores can range from 20 to 140. Higher PIL Test scores indicate a greater sense of meaning in life.

International research supports the validity and reliability of the PIL Test as a measurement of Frankl's concept, will to meaning (Chamberlain & Zika, 1988; Philips, 1980; Walters & Klein, 1980). Limited data appears to be available regarding the PIL Test's validity and reliability within the South African context. Yet, the PIL Test has been utilised for research with South African samples (Hutchinson et al., 2007; Makola & Van den Berg, 2010; Van Jaarsveld, 2004). An area of concern is that limited reference is made to the necessity to investigate the psychometric properties of the PIL Test for South African samples. Given the small sample size utilised in this study, which would not be sufficient for the investigation of psychometric properties, and the lack of South African-based logotherapy instruments, it was decided to utilise the PIL Test as empirical measure in this study. However, in order to address this limitation it was decided that the PIL Test, for the purpose of this study, (1) would be used in a developmental capacity, i.e. utilised to facilitate positive growth on the part of participants,

(2) detailed feedback about the scores obtained would be provided to participants, and (3) results would be interpreted with the mentioned limitation in mind.[1]

Qualitative data were collected during the Programme contact sessions. More specifically, participants were requested to (1) engage in reflective individual and group activities (3-6 members depending on activity) where they would document ideas and thoughts on A3 sized paper and present to the group as a whole, (2) design posters, by making use of coloured pens and magazine cut outs, to metaphorically represent their perspectives, and (3) write brief narrative descriptions of their thoughts, feelings and experiences at the conclusion of each session to indicate their understanding of, and personal thoughts related to, the topic that was discussed. In addition to the aforementioned qualitative documents, the researcher kept field notes during the contact sessions.

Data analysis

Quantitative data were analysed using the software programme, Statistical Analysis System (SAS) (SAS Visual Analytics, 2012). The pre-and post-Programme PIL Test mean scores were compared. The one-tailed t-test was used to calculate the difference between the mean scores. Given the small sample used, generalisations of findings would be hypothetical, versus definitive, in nature.

Qualitative data were analysed as follows: Subsequent to the conclusion of the Programme, the researcher read through all qualitative documentation, which included (1) notes taken by participants during reflective group discussions, (2) posters that were designed, (3) narrative descriptions of participants' thoughts, feelings and experiences following each of the contact sessions, and (4) field notes taken by the researcher. He then jotted down ideas in the margins of the aforementioned documents, which assisted to identify the central themes. The themes were categorised into major- and sub-themes. In order to substantiate the accuracy, consistency, neutrality and credibility of the qualitative themes, the following three measures, as proposed by Henning, Van Rensburg and Smit (2004), were put into place: (1) the researcher conducted a comprehensive study of logotherapeutic principles, (2) there had been a prolonged period of engagement with both the participants, context and data, and (3) the opinions of participants were actively sought to validate interpretations.

Research ethics

The researcher received permission to conduct the study from the Research Ethics Committee of the pertinent university. Prior to starting the research project all participants were requested to sign an informed consent form that addressed the following six aspects: (1) participation, (2) confidentiality, (3) potential harm, (4) potential benefits of participation, (5) dissemination of results, and (6) relevant contact details.

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[1] Based on the challenges associated with cross-cultural application of psychometric instruments, the researcher is currently investigating the psychometric properties of six meaning-centred instruments, namely the (1) PIL Test, (2) Life Purpose Questionnaire, (3) Life Regard Index, (4) Sense of Coherence scale, (5) Meaning Profile, and (6) Meaning in Life Questionnaire, in order to standardise its potential uses for future research within a South African context.

DEVELOPMENT OF A LOGOTHERAPY-BASED STUDENT DEVELOPMENT AND SUPPORT PROGRAMME

The researcher developed the Programme, entitled: 'In the pursuit of meaning: A logotherapy-based student development and support programme.' The Programme focused on three central learning objectives, namely (1) introducing participants to logotherapeutic theory and concepts, (2) enabling participants to reflect on their lives as a means of developing a pragmatic understanding of logotherapy, and (3) activating participants' will to meaning.

The Programme was presented over a period of eleven weeks with one two-hour contact session per week. A reflective and experiential facilitation approach was adopted to assist participants to comprehend, amongst others, their academic and personal experiences through a meaning-centred lens. Following each contact session participants completed a reflective homework exercise, the purpose of which was to enable them to develop a pragmatic understanding of logotherapy.

RESULTS AND FINDINGS

Quantitative results and discussion

Participants completed the quantitative research questionnaires in a pre-and post-test fashion. The pre-test was completed in week 1 and the post-test in week 11 of the Programme. Descriptive statistics (pre-and post-programme mean scores and standard deviations) and inferential statistics (degrees of freedom, t-test and probability values) were calculated by using the SAS programme. A mean score of 115 was calculated on the pre-Programme PIL Tests. Notwithstanding that the PIL Test has not been standardised for use within a South African context, guidelines proposed by Crumbaugh and Maholick (1981) suggest that a score of 115 would point to the lower ends of *definite meaning in life*. Thus, participants apparently already experienced a sense of meaning in life. This could, amongst others, be related to an apparent altruistic motive and *calling* to pursue a career in nursing (Mason, 2011).

The post-Programme PIL Test mean score was calculated at 124 - according to Crumbaugh and Maholick (1981) this score could be interpreted as pointing to the higher ends of *definite meaning in life*. The increase of mean scores from 115 to 124 on the PIL Test was statistically significant (t-score = 4.85; $p = < 0.005$), even if the change was not dramatic. Subsequently it could be tentatively accepted that the Programme had a positive impact on participants' will to meaning. However, further investigation is required, bearing in mind that the sample size does not allow for generalisation.

Qualitative results and discussion

Three prominent themes emerged from the qualitative data, namely (1) the hands may be tied, but the heart is free, (2) leaving a legacy, and (3) a paradoxical tension: freedom and responsibility. These themes are now discussed.

The hands may be tied, but the heart is free

Participants pointed towards the paradoxical truism that human beings have the freedom to choose how they respond to the inevitable fate that they may encounter in life. In other words, participants indicated that human beings are prone to be influenced and affected by external factors and life stressors. However, participants also expressed the realisation that human beings always have a choice as to how they react and respond to such stressors. One group of participants expressed it as follows: "*Life can be defined by suffering, yet remain meaningful.*" The notion was also communicated that everyday stressors may create tension, but that it is the human responsibility to translate this into a *fruitful tension* in terms of who a person ought to become.

To clarify the thematic argument, participants referred to former South African president, Nelson Mandela and HIV/Aids activist, Nkosi Johnson: *"Mandela and Johnson were affected by stressful fates in life but they never gave up"* (participant observation).

Mandela was imprisoned for 27 years under the former South African Apartheid regime (Mandela, 1995). Johnson was both infected and affected by HIV/Aids (Wooten, 2004). Nonetheless both individuals were, according to participants, able to transcend their suffering. More specifically, participants argued that both Mandela and Johnson were motivated and *pulled forward* (versus *held back*) by important meanings and values that only they could realise and actualise in their lives: Mandela, in the face of 27 years of imprisonment and anguish, managed to liberate a nation that was steeped in decades of conflict and animosity; Johnson, despite being a 12 year old Aids orphan, became an HIV/Aids activist. These acts of heroism were the result of intentional choices made by both Mandela and Johnson; choices, meanings and values that enabled them to make meaning-centred choices in the face of life's inevitable stressors.

Leaving a legacy

Leaving a legacy - participants expressed the desire to leave meaning-centred legacies. One participant shared the following narrative, which epitomises the mentioned theme, during a contact session (the participant noted down the following):

> *My mother-in-law has three daughters. She is getting on in years and experiencing anxiety because of this* [aging process]. *Her daughters have asked their mother to leave them with a 'legacy'. This bothered her: "What legacy do I have to leave my daughters?"*
> *My mother-in-law had no formal education or degrees. Her life was dedicated to caring for her children, husband and family as well as loved ones. She would cook, clean and care for her family.*
> *I discussed this programme that we are doing with her* [referring to the Programme]. *Through this discussion she realised that she does indeed have a legacy to leave her daughters: a cookbook.*
> *She bought a hard cover note book and has started writing down all her recipes. These recipes are more than just words on a page. They reflect years of loving care, hardship (there were times when money was scarce and she had to be 'creative' in what she cooked), devotion and a life well lived!*
> *She spends her spare time working on this cookbook; working on her legacy that she will leave her daughters. It might only a small gesture, but it is profoundly meaningful. It goes to show that there is meaning to be discovered in the mundane and everyday acts of life.*

Consistent with the aforementioned narrative, participants expressed the desire to leave meaningful legacies through their roles as nurses. The majority of participants indicated that their motivation to pursue nursing careers was to deliver services to those who are less fortunate. Thus, even though the nursing profession may emphasise a medicalised pathogenic orientation, participants perceived this as a foundation to realise meaning-directed values.

A paradoxical tension: freedom and responsibility

Participants were challenged with the apparent paradox that life could be both stressful and meaningful, at the same time. Furthermore, participants wrestled with the tension that they have been endowed with the uniquely human capacity, namely freedom of will, to address stressors in such a manner that it could be transformed into something meaningful. Moreover,

they regarded the notion that freedom of will implies responsibility, as paradoxical. As part of an experiential group-based discussion, the image of a prism was used by participants to verbalise their emerging understanding.

They explained that "…*when a beam of 'white light' enters a prism, it is transformed into an array of different colours. These colours represent a rainbow. Yet, a rainbow can only be seen after a storm. Sometimes we need storms to really see the rainbow*."

Yet, while the rainbow may not be detectable during the storm, its existence cannot be denied. Humans, like the prism, have the freedom, and therefore also the responsibility, to transform any beam of light that may challenge them in life, into something beautiful; turn white light into something beautiful and colourful; turn psycho-social stressors that are part and parcel of higher education, into something meaningful.

CONCLUSION

This pilot study has demonstrated the use of a logotherapeutic approach as a theoretical framework to develop a SDS programme for first year Nursing Science students. The Programme was designed to encourage and enable participants to view life's inevitable stressors as opportunities for potential growth through active engagement in a journey of meaning-centred discovery. It was therefore not only a generic programme that focussed on assisting students to enhance coping efforts and establish homeostasis, which are nonetheless important, but encompassed an active process of self-reflection, meaning discovery and personal development.

The three qualitative themes indicated that participants were capable of relating the logotherapeutic principles to real life situations. Statistically significant changes between pre- and post-Programme PIL Test scores indicated enhancement of participants' will to meaning.

This research study was limited in a number of ways. Because the article reports on a pilot study, a small purposeful sample was used to assess the short-term quantitative impact of the Programme on participants' will to meaning. Follow-up assessments should be conducted with the group of participants to determine whether the improvements in the PIL Test results are lasting in nature. Additionally, the sample size and its homogeneous nature limits generalisation. Hence, the findings remain hypothetical in nature and ought to be verified though subsequent empirical investigations, prior to making generalizable claims. Yet, the findings do suggest that a logotherapy approach may prove to be a valuable within SDS environments.

Whilst international data are available on the psychometric properties of the PIL Test (Chamberlain & Zika, 1988; Crumbaugh & Maholick, 1981; Philips, 1980; Walters & Klein, 1980), scant, if any, data are available for South African samples. Although Frankl (2006) explains that meaning is a universal phenomenon, the Eurocentric worldview that underlies logotherapy might not necessarily prove culturally fair within the South African context. The psychometric properties of the PIL Test, within the South African context, should therefore be investigated. A future study could benefit from addressing the external validity of both the quantitative or qualitative results as well as employing a *truly mixed method* research design to meaningfully integrate the inferences (Teddlie & Tashakkori, 2009).

This pilot study opens the door to further SDS-related research using logotherapy as a theoretical framework. Amongst others, researchers could explore the relationships between the presence of meaning in life and, amongst others, academic outcomes, stress-management and psychological well-being.

The Programme moved beyond the confines of a generic SDS programme by engaging participants in a logotherapeutic journey that encouraged them to search for meaning. Hence, participants were encouraged to actively engage in the SDS programme by personalising the learning in the contexts of their lives. It is hoped that the Programme could make students

aware of their responsibility and task to embrace higher education as an enabler of life chances despite the stressors of life.

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The Use of the Interactional Pattern Analysis as a Tool for Effective Short Term Psychotherapy among Students at South African Tertiary Institutions

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ABSTRACT

This conceptual paper proposes the use of Interactional Pattern Analysis (IPA) as a diagnostic psychotherapeutic approach to address the contemporary needs of students within the context of tertiary institutions in South Africa. To investigate the value of the IPA a total of 12 former clients who had undergone psychotherapy by means of the IPA completed survey questionnaires. The majority of participants indicated that (1) their presenting complaints had been optimally resolved as a result of the psychotherapeutic inputs received in accordance with the use of the IPA, and (2) they were highly inclined to refer the service to other students. Initial results suggest that IPA may be of value as a short-term psychotherapeutic tool to address contemporary psychological complaints.

KEYWORDS

Interactional Pattern Analysis; psychotherapy; university students; student support facilities, University of Pretoria

[1]University of Pretoria, Division Student Support

Rapid environmental changes have been occurring globally during the last number of decades, which have been the subjects of many debates. These changes have occurred on numerous fronts such as the economy, ecology, social and political landscapes. Few environmental changes appear to have had as much impact on modern society as the rapid advances in technology during recent years.

Scientists have been warning the world about the potential hazardous effects of these rapid advances in technology for the mental health of human beings for a number of years. Arnetz (1997) noted that rapid technological changes had been occurring globally in both social and work related environments, which had affected most people in areas such as information technology, mobile phones, computers and electronic works without which most human beings could no longer live. These changes and innovation may initially have set out to solve many of the world's difficulties and to have improved productivity however increasing stress related conditions have also been identified among human beings with increased contact with these improvements in technology (Arnetz, 1997). This has also related to a generally faster pace of living for most individuals. As faster and more efficient technological contact with the outside world has increased, so too pressure on most people has increased e.g. to meet ever closer deadlines. This in turn has heightened the stress levels amongst most people.

As a result of the aforementioned it appeared understandable that despite the comforts, luxuries, speed and higher productivity levels that advances in technology had brought to the environment, it also brought significant implications for the mental health of all human beings touched by it. The literature further appeared to have indicated that the young adult population, which included students at tertiary institutions, were among the most significantly affected and vulnerable in this respect. In a study that was done in the United Kingdom, Niemz, Griffiths and Banyard (2005) found that among a group of 371 British students 18.30% of them had reported to have used the internet excessively and that this use had caused academic, social and interpersonal difficulties among them. The results by Niemz et al. (2005) also revealed that excessive internet use (often also referred to as pathological internet use) led to lower levels of self-esteem in combination with more social inhibition among the participants. In another study by Young and Rogers (2009) significant levels of depression were also identified among 259 participants who had participated in an international online survey whereby they had completed the Beck Depression Inventory (BDI). Furthermore, Morahan-Martin and Schumacher (2003) also found that loneliness had been strongly associated with increased internet use and altered social interactional patterns among excessive internet users.

Thomee, Eklof, Gustafsson, Nilsson and Hagberg (2007) also conducted a study whereby they had investigated whether a high quantity of information and communication technology usage had placed young adult users at risk to have developed symptoms of stress, depression and/or sleep disturbances. The results indicated that the frequent combined use of computers and mobile phones among female participants were associated with more symptoms of prolonged stress and depression. Frequent sending and receiving of short message service (sms) messages, email messages and online chatting in particular were all found to have increased the symptoms of prolonged stress and depression among female participants. Among the male participants high numbers of mobile phone calls and short message service (sms) messages sent and received on a daily basis were also found to have been associated with increased symptoms of sleep disturbances and depression. Finally, excessive internet usage was also found to have been related to sleep disturbances among all of the participants.

From the aforementioned examples it became clear that environmental changes, particularly rapid advances in technology, had globally made a significant impact on the mental health of human beings. Furthermore, the young adult population that included students at tertiary institutions appeared to have been particularly vulnerable to its effects. This also seemed to have further led to an inevitable change in the social interactional patterns between
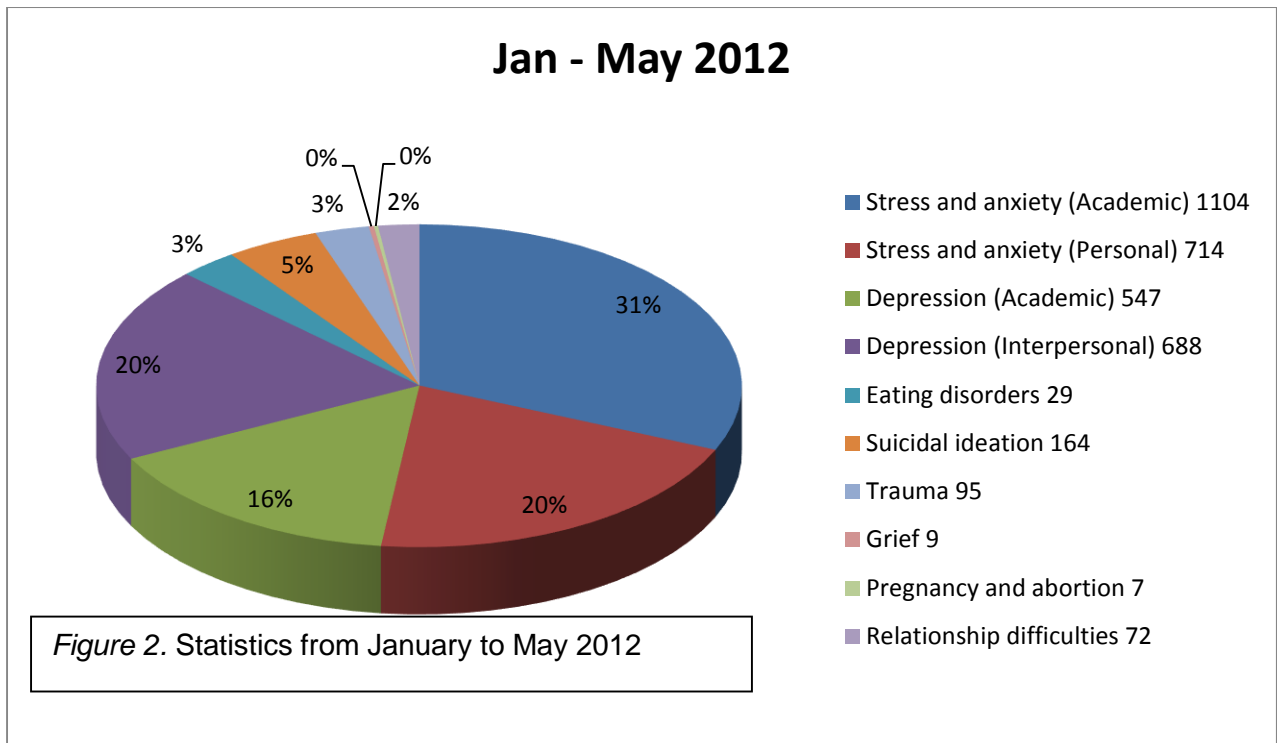
students for example by the use of social media networks like Facebook and with an increasingly high paced life style also led to a change in the profiles of contemporary students studying at tertiary institutions.

It further appeared that the challenges and psychological needs of contemporary students have also changed as part of this process and that this had also reflected in the presenting complaints of students who had sought assistance from student support facilities at tertiary institutions. The following section describes the most recent trends already mentioned that had been identified at the Division Student Support of the University of Pretoria.

CURRENT TRENDS AT THE UNIVERSITY OF PRETORIA

When considering the types of presenting complaints which students had brought to the Division Student Support (DSS) at the University of Pretoria (UP), certain trends emerged in recent times. Some of the statistics included next appeared to have indicated that stress, anxiety and depression related to academic, personal and interpersonal difficulties have become the most prevalent presenting complaints among students who reported at the Division Student Support of the University of Pretoria between January 2011 and May 2012. It further appeared that a steady increase in the overall number of students who reported at DSS was also occurring.

Figure 1. Statistics from January to December 2011

Jan - May 2012

Legend
■ Stress and anxiety (Academic) 1104
■ Stress and anxiety (Personal) 714
■ Depression (Academic) 547
■ Depression (Interpersonal) 688
■ Eating disorders 29
■ Suicidal ideation 164
■ Trauma 95
■ Grief 9
■ Pregnancy and abortion 7
■ Relationship difficulties 72

Figure 2. Statistics from January to May 2012
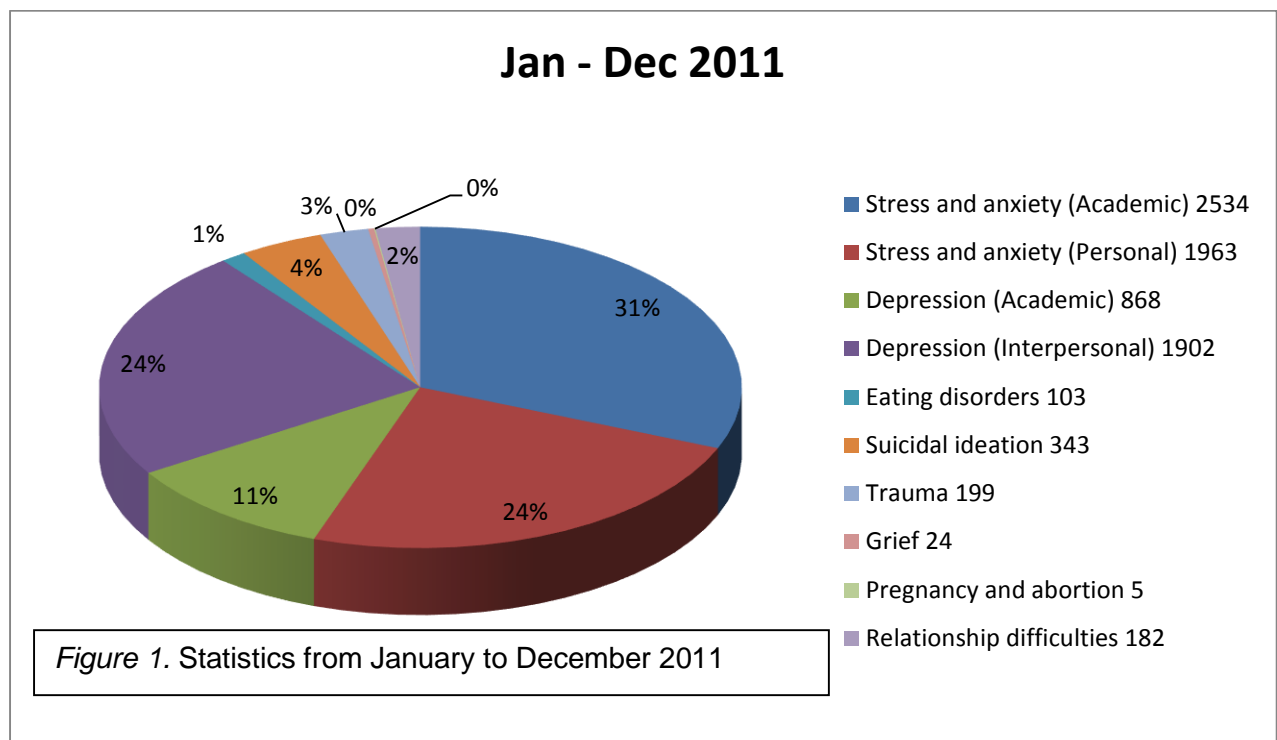
In the light of the above and while considering that the Division Student Support of the University of Pretoria have been tasked to assist these students to become academically more successful and to holistically function more effectively as human beings, a new psychotherapeutic approach aimed at assisting them more rapidly and effectively in comparison with older approaches is proposed in this paper. The motivation for this is also proposed in the light that it had appeared to the author that most of the traditional training that psychologists have received from tertiary institutions in South Africa no longer appeared to adequately meet the needs of contemporary students, mostly due to their long term nature that most of them entailed. In an attempt to address this apparent gap between the traditional modes of psychotherapy and the needs of contemporary students the Interactional Pattern Analysis is proposed and will be described in more detail in the following section.

THE INTERACTIONAL PATTERN ANALYSIS
A new mechanism of understanding human behaviour within the context of a dynamic person-environment relationship where the emphasis fell on what occurred between people in their environments as opposed to what was speculated as to have had occurred 'inside' them was originally developed by Charl Vorster (2003, 2011). This became known as the Interactional Pattern Analysis (IPA). The IPA was a form of analysis designed as a tool for psychotherapy rather than a theory in itself.

Originally developed as a diagnostic approach within the context of psychotherapy, the IPA describes the observable behavioural patterns occurring between individuals systematically in order to provide a psychotherapist with a clear picture of where and how intervention is required and in doing so renders any speculation superfluous (Vorster, 2003). Its development was also closely linked with the writings of Carl Rogers, as Vorster (2011) explained that by punctuating an interpersonal view of human behaviour it was possible to make the assumption that the nature and quality of human beings' personal relationships directly correlated with their degrees of mental health.

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Vorster (2011) explained further, that support for this assumption can be made from the writings of Carl Rogers who had demonstrated that high levels of accurate empathy, genuineness (also referred to as congruence) and unconditional acceptance (also referred to by Rogers (1961, 1978) as unconditional positive regard) had constituted an effective therapeutic relationship. This form of relationship had facilitated a human being's personal growth or self-actualisation. In an effort to have created further clarity at this juncture Person Centred Therapy by Carl Rogers will be briefly discussed below.

Person Centred Therapy by Carl Rogers
Arguably one of the most influential psychologists of the 20th century, Carl Rogers made an invaluable contribution to the field of psychology with his introduction of Person Centred Therapy (PCT). In three valuable elements, namely: Empathy, congruence and unconditional positive regard, Rogers (1961, 1980) argued that by focussing on the therapist listening with understanding, attention and being non-directive, i.e. making limited contributions during the therapeutic process, a person's natural tendency towards achieving his or her own full potential would be activated within such a climate. By doing so that would also assist such an individual to overcome personal difficulties or problems.

Within a climate as described above clients could come to know themselves more clearly and reveal their unique true potential. This could however only take place within a climate where high levels of empathy and congruence were present in addition to the unconditional acceptance of the client. Importantly, Meyer, Moore and Viljoen (1997) remarked that in PCT the emphasis fell not merely on a specific method nor technique but rather on the quality of the relationship between the therapist and client. Each of these three elements will be briefly discussed next in an attempt to create a clearer understanding on the part of the reader.

Empathy
Reber (1995) defined empathy as a "cognitive awareness and understanding of the emotions and feelings of another person" (p.249). From this definition it could be said that empathy involved the process whereby one individual communicated an understanding of the feelings of another person to the extent that the other person felt understood from that communication. Furthermore it appeared to involve the process whereby the listener placed him or herself in the other person's shoes, i.e. perceiving a situation from that person's perspective and communicating it as such to him or her (Meyer et al., 1997)

Congruence
Congruence has also been referred to as genuineness in that it involves a person presenting him or herself as genuine in a relationship. Meyer et al. (1997) explained the term by stating that congruent people experienced themselves as who they genuinely are.

Unconditional positive regard
By adopting a non-judgemental approach unconditional positive regard can be said to be found in a relationship where individuals accept each other without conditions and with the absence of any judgement. As Meyer et al. (1997) explains, Rogers stated that in situations in which the opposite, i.e. where conditions of worth existed, such as when a person was perhaps forced to accept the values of another in order to win acceptance from that person, emotional distance evolved between these individuals.

Rogers (1951) also indicated later that these principles were not only effective within psychotherapy but could also be applied with success in other contexts such as within educational institutions. Furthermore, when these principles are adopted while using other

therapeutic techniques it no longer constituted PCT in its purest form but the use of a Person Centred Approach. This meant that while the therapist utilised another therapeutic technique he or she still remained Client Centred throughout the process by exhibiting empathy, congruence and unconditional positive regard during therapeutic sessions.

Additional variables
From the aforementioned it appeared logical that the healing effects of the three PCT variables could not be exclusive to therapeutic relationships alone but that any relationship within which these three variables existed should be beneficial to the individuals involved in it. These variables should therefore also contribute to these individuals' healthy mental development, growth, self-actualisation and emotional closeness to others (Vorster, 2011).

Conversely, the absence or lack of these variables would thus have the opposite effect and be detrimental to the mental health of the individuals involved. The next question which subsequently arose in the development of the IPA was which other variable/s in addition to these three highlighted by Carl Rogers in PCT could also be of clinical relevance when considering the mental health of human beings?

From his own experience and observation of clinical cases as well as from experimenting within training contexts, Vorster (2011) subsequently proposed additional variables to those found in PCT as developed by Carl Rogers (1961, 1978) referred to in the previous section. These variables as a collective in addition to those highlighted in PCT subsequently formed the IPA and were briefly discussed below in turn.

Context
According to Vorster (2011) the context refers to the setting within which communication has taken place and also gives to it its meaning. The same actions or words spoken in different contexts could have very different meanings. An example could be where two individuals are seen to be punching each other. If this behaviour had occurred within a boxing ring it would have a completely different meaning as opposed to it having occurred in a street.

Definition of the relationship
According to Haley (1963) relationships between individuals could either be defined as parallel (between equals), complimentary (with a clear leader and a follower) or as symmetrical (when two individuals were engaged in a power struggle, wherein they mirror each other's behaviour).

Emotional distance
Vorster (2011) explained that in all relationships individuals maintain a degree of emotional distance. New relationships for example start off as more distanced and this distance usually decreases as the relationship develops over time, or it may increase to the point whereby the relationship breaks up depending on multiple factors.

Clarity of self-presentation
This variable relates to how "visible" an individual is during an interaction. A number of factors may impact on this variable which may assist the person to present a clear picture or an obscured one such as the tone and volume of one's voice as well as the tempo of one's speech (Vorster, 2011).

Potential for eliciting acceptance or rejection
Vorster (2011) explained that as human beings interact with the environment, their communication could be placed in either one of two categories, namely those which elicit

acceptance or those which elicit rejection. Through communication people therefore either create a caring, loving environment or a hostile, rejecting one.

How people elicit rejection or acceptance from the environment involve an almost infinite number of variables and various combinations of those variables. An elaboration of this was not deemed required for the purposes of this paper.

Confirmation

A person experiences confirmation when he or she receives a message that he or she was, in some way or another, a special or exceptional individual and has been appreciated as such. It usually also occurs when an individual had excels in some form of an achievement, for example when someone receives compliments for having prepared a tasty meal (Vorster, 2011).

Control

From an individual perspective Vorster (2011) indicates that an individual may either be in control of his or her own circumstances or a victim thereof and as such be controlled by the environment. Most individuals punctuate themselves between these two poles in different contexts.

Effectiveness of expression of needs

If an individual does not express his or her needs optimally or perhaps does so in an ineffective manner, for example by having been demanding or overly-prescriptive towards others, Vorster (2011) explained that his or her needs would most likely not be met.

Degree of interpersonal rigidity/flexibility

An optimally functioning individual would require a degree of flexibility in order to adjust his or her behaviour in different contexts. In cases where this does not occur and the person rigidly behaves in a similar manner across all contexts, Vorster (2011) indicated that he or she may most likely experience difficulties in certain contexts. An example in this instance may be that of a military officer with a rigid role definition. At work, he may most likely receive accolades for having held a firm, assertive approach whereby he gives orders in a prescriptive manner to his subordinates. At home however he may constantly attempt to gain control of his marital relationship by also communicating in a demanding and prescriptive manner without empathy towards his wife. Eventually his wife may most likely reacted by increasingly distancing herself from him to the extent that their marriage escalates to the point of divorce.

Linear/circular approach

Vorster (2011) explained that in interactions with the environment people may either regard behaviour as a one-sided phenomenon or see it as circular and interactive. Individuals with a linear approach would therefore in most cases not realise or acknowledge their own contributions in interactive processes with other people and would likely rather opt to blame others for what they deem to be unacceptable to them in their relationships. This may relate to destructive symmetrical interactions and may elicit rejection from others over time.

Skill to meta-communicate
Vorster (2011) explained that the term meta-communication refers to communication about communication. This was also considered as a highly important skill, which is required to maintain a harmonious relationship without which conflict resolution would be particularly problematic.

Adequacy of problem solving skills
Vorster (2011) described this variable as referring to coping with environmental demands on a day-to-day basis, which necessitates an individual to require a degree of skill in solving a great variety of problems. This may range from the ability to boil water for coffee, finding missing keys, handling an overly assertive superior or having coped with parental divorce. People further varied in their abilities to cope with environmental demands and may find themselves at times in an environment where their range of problem solving abilities is inadequate. The person may either possess or lack the potential and capacity to acquire the necessary skills in such a case, which would need to be evaluated.

Traumatic incident/s
A once off experience as Vorster (2011) explained may be so impactful for a particular individual who had been coping quite adequately in managing his or life up to that point that it may have temporarily completely incapacitated that individual. This would therefore render him or her unable to cope with life on a day-to-day basis at the time. In such cases the individual may require specific therapeutic interventions relevant to a traumatized individual so as to have allowed him or her to function optimally again.

The IPA
In combination the aforementioned variables form the IPA which allows therapists to treat clients with difficulties fast and effectively by clearly identifying where interventions are required in order for optimal changes to occur. This allows a psychotherapist to save time in psychotherapy because when conducted effectively it clearly identifies which elements require addressing in therapy so as to bring about the most optimal change in the shortest space of time while utilising any therapeutic intervention from any psychological paradigm. This, however, requires acute observational skills and training in accordance with the approach indicated by Vorster, Roos and Beukes (2013) by the therapist so as not to overlook relevant and vital details from the client's communication. As the author has been utilising this approach in psychotherapy with clients at the Division Student Support at UP, the following section provides insights into some initial findings concerning the effectiveness and value of this method in treating student clients.

INVESTIGATION INTO THE EFFECTIVENESS OF THE USE OF THE IPA AS PSYCHOTHERAPEUTIC TOOL AMONGST STUDENTS AT UP
In an attempt to evaluate the effectiveness of this approach within the context of a tertiary institution the author requested feedback from a number of randomly selected former clients who had been treated by the author in accordance with the IPA. The aim of this feedback was to obtain an indication of the nature of their experiences during psychotherapy and also how effective they had experienced this approach to have been?

This was conducted not to serve as an in depth research study but rather only as an attempt to obtain an indication of the levels of effectiveness of the use of the IPA within this context. The procedure that was utilised to have collected this information, as well as the findings thereof, is discussed in the following sections.

Investigation procedure
Former psychotherapy clients who had been treated by the author at the DSS of UP between June 2011 and May 2012, and whose psychotherapy processes had been concluded, were randomly selected. Each of these students were contacted by means of email and requested for feedback. As the population under investigation were students from UP, all of the clients who had been contacted were all registered students at UP at the time of their treatment. Furthermore, they had included both English and Afrikaans speaking male and female students who were at different year levels of the completion of their studies. They were also studying various courses at different faculties and also differed in terms of their racial and ethnic backgrounds.

Ethical considerations
From an ethical perspective these clients were informed that their requested participation had been voluntary and that they would remain completely anonymous at all times. Furthermore, by having agreed to participate they were reminded that they had provided informed consent for their feedback to be used for this investigation's purposes.

Investigation questions
All of these clients were requested to provide feedback of their experiences during psychotherapy by answering the following two questions:
1.   How effectively do you feel the problem that you had presented when we first met was addressed during our sessions? (Please rate your answer between 0 and 10 with 0 = Not resolved at all and 10 = Completely resolved by the time that our sessions had ended).
2.   Based on your experience during our sessions what is the likelihood that you would refer a friend to Student Support? (Please rate your answer by indicating N=Never, U=Unlikely, M=Maybe, V=Very likely or D=Definitely).

RESULTS
Of the 34 students who these emails had been sent to, 12 of them had responded and the findings of their responses were portrayed below:

Figure 3. Racial distribution of respondents
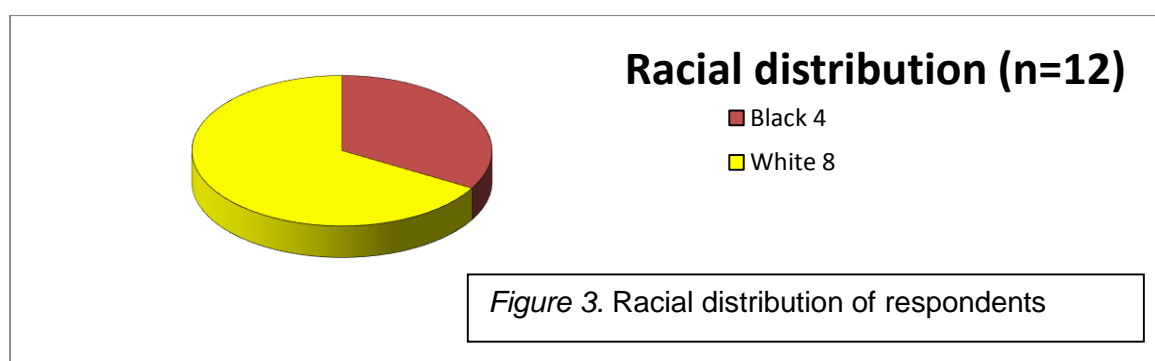
Figure 3 indicates that the sample of respondents consisted mainly of white students. The age of the respondents, as indicated in the figure 4, varied with the highest number of respondents having been between 23 and 24 years of age. This information was obtained from the documentation that these students had completed when reporting at DSS of UP for the first time when they were requested to add their dates of birth.

Age distribution (n=12)

Figure 4. Age distribution of respondents
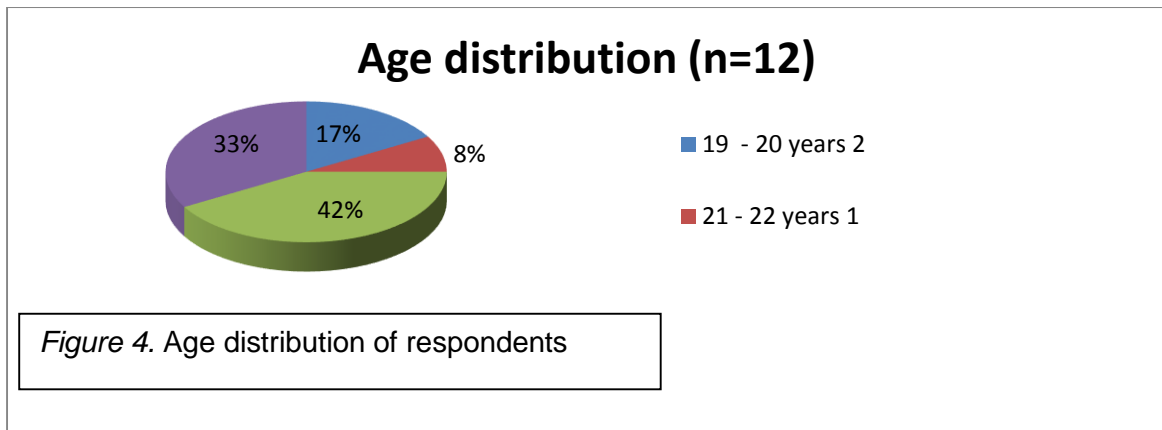
The year of academic study of the various students who responded is shown in figure 5 which indicated that they were spread relatively evenly between 1st year to post graduate level.

Years of study (n=12)

Figure 5. Years of tertiary study of respondents

Faculties of respondents (n=12)

Figure 6. Faculties of respondents
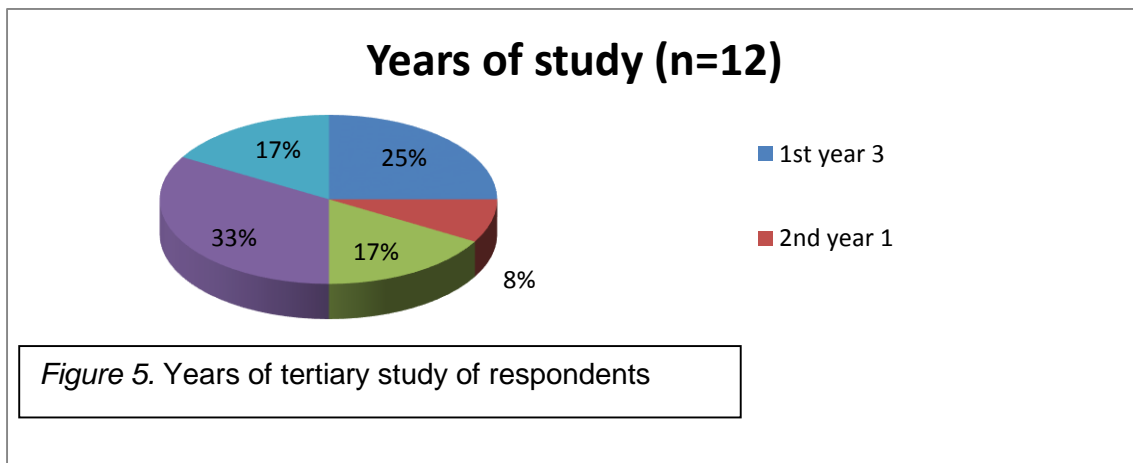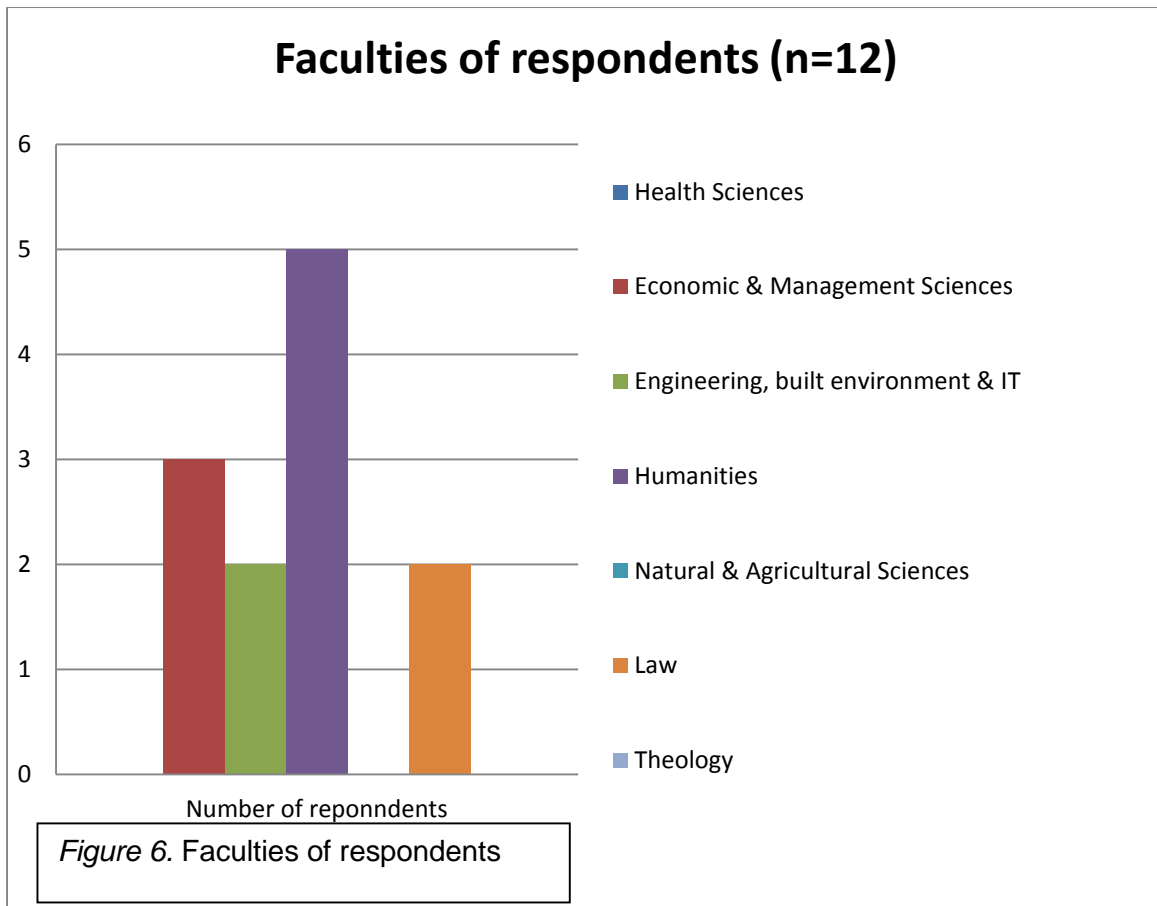
The majority of the respondents were students registered in the faculty of humanities as indicated in figure 6 while Figure 7 displayed that the majority of them had undergone between 4 and 6 sessions of individual psychotherapy.

Number of sessions (n=12)

Figure 7. Duration of psychotherapy of respondents
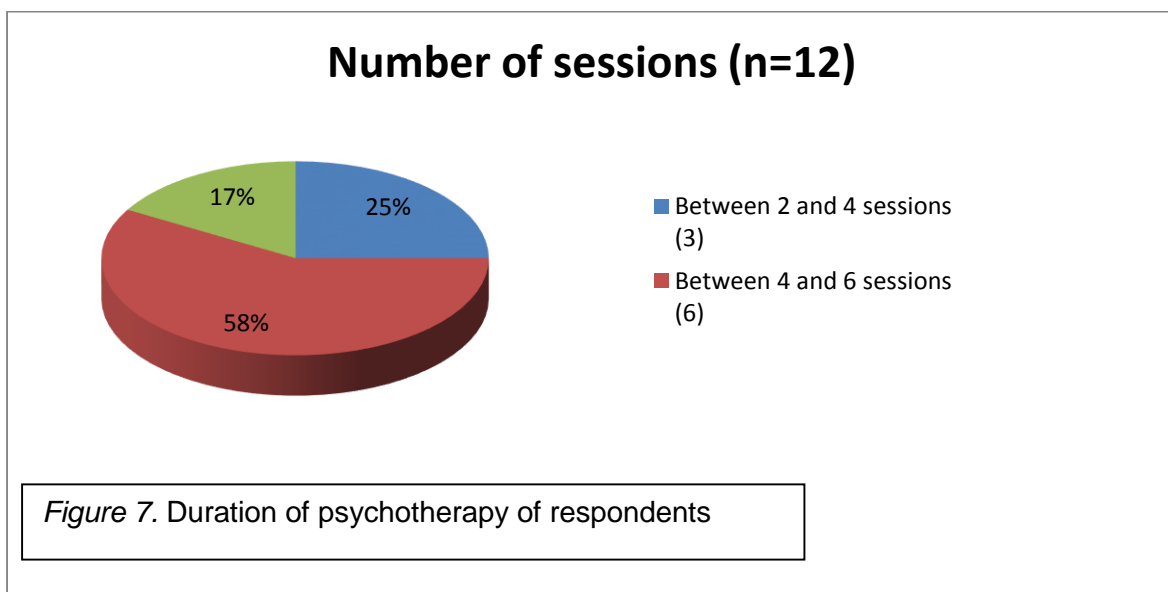
With regard to the requested feedback, all of the clients had answered between 7 and 10 on the first question, depicted in Figure 8 below.

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Question 1 feedback responses (n=12)

8%
8%
59%

- 0 to 6 (0)
- 7 (3)
- 8 (6)
- 9 (1)
- 10 (1)

Figure 8. Question 1 response by respondents

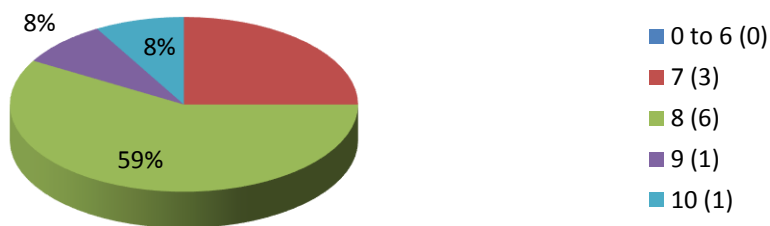The response to question two indicates that based on their experiences during psychotherapy, those questioned would refer a friend to the DSS at UP as shown in figure 9:

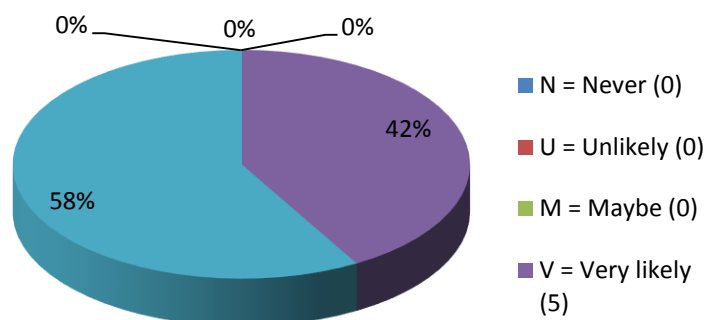**Question 2 feedback reponses (n=12)**

0%   0%   0%

42%
58%

- N = Never (0)
- U = Unlikely (0)
- M = Maybe (0)
- V = Very likely (5)

Figure 9. Question 2 response by respondents

DISCUSSION

Based on the results displayed in the aforementioned sections it appears that the majority of the clients responded favourably to the psychotherapeutic inputs that they had been exposed to in accordance with the use of the IPA. What further appears particularly significant is that all of the respondents rated their answers to question one as depicted in figure 8, between 7 and 10. This appears to indicate that all of them felt that their presenting problems had been resolved optimally as a result of the psychotherapy. Furthermore, this had also been accomplished within a relatively short period of time, as the majority of their psychotherapeutic processes had lasted only between 4 and 6 sessions.

On question two the majority of the clients indicated that following their own experiences during psychotherapy they were either definitely or very likely inclined to refer a friend to DSS at UP in the future. This further appears to indicate in conjunction with the responses from question one that the psychotherapeutic approach according to the use of the

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IPA had been effective for their treatments. This further appears to provide a strong indication that the use of the IPA is an effective tool for short term psychotherapy with contemporary students at UP and thus possibly also in other South African tertiary institutions.

Limitations of the investigation

Research in the field of psychotherapy has proven to be challenging for numerous researchers in the past and this investigation had not proven to have been any different. As a result the aforementioned findings also have limitations which rendered it exposed to criticism. Among these possible shortcomings is the possibility that certain extraneous variables impacted on the clients who had participated in this investigation during their treatment periods, which may have influenced their responses.

According to Gravetter and Forzano (2009) an extraneous variable refers to 'any variable in a research study other than the specific variables being studied' (p.161). Struwig and Stead (2001) also identified a number of extraneous variables which may impact on research findings, including maturation, history, testing, instrumentation, regression towards the mean, selection, attrition and the diffusion of treatment. It was considered that any of these extraneous variables could have influenced the responses of the clients who had chosen to form part of this investigation. Furthermore, the sample size could also be regarded as having been relatively small and as a result to not have been completely representative of the population under investigation, namely that of students from UP. Also the sample comprised only out of black and white students and included no other racial groups, out of which white students formed the majority. This raises the question whether the IPA would also be effective for student clients from other racial groups?

CONCLUSION

Despite the limitations of this investigation the results that had been obtained from the students who had participated appear to have provided an indication that the use of the IPA as a psychotherapeutic technique is effective in treating some of the most common presenting complaints of the contemporary students at UP. As this is a conceptual paper that mainly aimed to expose readers to the IPA, the investigation set out only to obtain an indication of how effective the IPA appeared to be when utilised in the psychotherapeutic treatment of student clients at South African tertiary institutions. It was not the aim for it to have served as an in depth research project.

Further research on larger scales at different South African tertiary institutions with larger sample sizes is therefore required and advocated in order to further verify the findings reported in this conceptual paper. At this juncture its findings nevertheless appear to give a clear indication that the use of the IPA as an effective short term psychotherapeutic tool among students at South African tertiary institutions appears to hold significant promise as it proved to be highly effective within a relatively short period of time amongst the sample of students investigated for this paper. It is proposed that more psychotherapists be trained in the use of the IPA and for it to be utilised and researched further at various other tertiary institutions within South Africa in the future.

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The Use of Logo-analysis in a Student Counselling Context

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ABSTRACT

Psycho-social challenges are posing serious threats to students' well-being. Subsequently the delivery of therapeutic-related student support services has become important. Traditional therapeutic models focus on, amongst others, the development of coping strategies in order to re-establish homeostasis following psycho-social challenges. Logotherapy offers an approach, namely logo-analysis, which could assist students to move beyond merely establishing homeostasis towards meaning-centred growth. This article reports on the value of logo-analysis within a student counselling context. A case example is used to describe the treatment approach.

KEY WORDS

Logo-analysis; logotherapy; meaning; student counselling; Viktor Frankl.

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Psycho-social challenges, such as anxiety, depression and substance abuse, are posing serious threats to the well-being of university students (Pillay & Ngcobo, 2010; Van Heerden, 2005). Eisenberg, Golberstein and Gollust (2007), De Villiers and Van den Berg (2012), and Van Heerden (2005) warn that students who are affected by, amongst others, psycho-social impairments, are more likely to abandon their academic studies when compared to their, otherwise psycho-socially healthy, peers. Within the South African higher education context this could negatively impinge on already low throughput and high dropout rates, potentially leaving at-risk students disproportionately distressed (Maree, 2011; Strydom & Mentz, 2010). Subsequently the provision of student-based psycho-social support appears to be an important service if the aim is to create meaningful change in the higher education context.

According to France (2001) humans, including young people such as students (Van Heerden, 2005), require the appropriate coping strategies to effectively address the inevitable challenges that they may encounter in life. France (2001) suggests that effective coping strategies could assist humans to re-establish a sense of equilibrium or homeostasis when encountering significant life stressors. The concept of homeostasis implies that psycho-social tension has been reduced and that people can return to pre-stressor levels of functioning (France, 2001).

However, Frankl (2006) contends that life is about more than just coping with psycho-social stressors. He emphasises that human beings have the unique capacity to search for and discover meaning in spite of stressful challenges (Frankl, 2006). To discover meaning, Frankl (2006), the founder of logotherapy, indicates that humans ought to transcend beyond the mere establishment of homeostasis; they have to create a meaning-centred tension with the world and search for, as well as discover, the hidden *logos*, or meaning, of life challenges. Logo-analysis is the therapeutic modality that describes the process of discovering meaning in life (Frankl, 2006).

The aim of this conceptual paper is to highlight, outline and discuss the use of logo-analysis, its techniques, methods and accompanying interventions when working with clients, i.e. university students, who are affected by psycho-social challenges. In an attempt to locate this article within a relevant theoretical frame, Frankl's logotherapeutic conceptions, as well as a pragmatic counselling framework, will be presented in the subsequent section. To highlight the use of logo-analysis, a case example will then be included. The article is concluded by means of a reflective discussion.

THE LOGOTHERAPY FRAMEWORK

Logotherapy is based on three tenets, namely (1) the freedom of will, (2) will to meaning, and (3) meaning in life (Frankl, 2006). The concept of *freedom of will* proposes that humans have a *freedom towards*, rather than a *freedom from*, life's stressors. Shantall (2003) indicates that stress is ubiquitous in life. Marshall (2009) concurs and refers to the logotherapy concept of the *tragic triad* to describe the omnipresent psycho-social stressors of life. The tragic triad and its contents, namely death, suffering and guilt, are meant to signify the challenges that all humans encounter. Frankl (2006) argues that humans have the freedom to choose how they respond towards tragic triad, and other, challenges.

From a logotherapy perspective the concept, *will to meaning*, is regarded as the foremost human motivator (Frankl, 1988). Shantall (2003) clarifies by stating that humans want to know that they exist for a reason; that their lives have purpose, are meaningful and that they are meant to be in the world. Thus, logotherapy regards the human search for meaning as essential to human life (Lukas, 1998).

The third logotherapeutic pillar - meaning in life - proposes that life has unconditional meaning. Shantall (2003) explains that life has a demand quality and subsequently consists of a series questions. Humans have the responsibility to answer these questions. It is through

answering these existentially-based questions that humans begin to discover the potential seeds of meaning that are prevalent in all of life (Shantall, 2003). Every life situation, and subsequent question, offers an opportunity to discover meaning. Consequently logotherapeutic meaning can be described as paradoxical in nature: it transcends the dichotomous plane of positive and negative and embraces all of life as meaningful; humans have the capacity to make the choices to pursue and discover meaning notwithstanding the stressors that they may encounter (Shantall, 2003).

Meaning can be discovered in three ways, namely by realising (1) creative, (2) experiential, and (3) attitudinal values (Frankl, 1988). Lukas (1998) refers to the concept of the *meaning triad*, consisting of the aforementioned values, as encapsulating the three avenues to discover meaning.

Logotherapists indicate that meaning can never be given or prescribed to the client (Marshall, 2009). Rather, clients ought to discover meaning through a self-transcendent encounter after which their meaning awareness is given back to the world as a *gift* (Lukas, 1998). The concept of *self-transcendence* occurs in relationship with another person and/or an important task. In other words, the person becomes absorbed in a relationship and/or task that transcends beyond the narrow confines of everyday psycho-social challenges and subsequently pulls the person out of existential apathy towards the realisation of meaning (Frankl, 2006). The person moves beyond tragic triad challenges towards the realisation of meaningful living. The meaning-centred counselling alliance between client and counsellor may serve as a self-transcendent relationship that aims to empower the client to superimpose the contents of the meaning triad over the challenges represented by the tragic triad in an attempt to discover and live for a meaningful purpose.

According to Shantall (2003) the interaction between counsellor and client ought to be regarded as a unique and *once given* opportunity that exists between two, or more, spiritually alive human beings with the aim of transcending beyond the selves towards the *noetic* dimension. The noetic dimension is described as the healthy human core (Shantall, 2003). It can, however, become blocked or clouded by psycho-social pathology as well as fear of commitments and responsibilities related to the discovery of meaning (Frankl, 2006).

The aim of logo-analysis would be to redirect a client's attention away from hyper-reflecting on pathology-based distress towards a meaning-centred focus on that which is good, healthy and authentic. This does not imply that logotherapy discards pathology. To the contrary, Frankl (1988) explains that psychopathology ought to be addressed. However, logotherapists warn that pathology ought not to become the primary focus of a person's life; rather, it ought to serve as the impetus to pursue and discover meaning (Marshall, 2009; Shantall, 2003).

The discovery of meaning appears to be particularly important for the healthy development for those in the late adolescents/young adulthood stage of life (18-25 years of age range) (Steger, Oishi & Kashdan, 2009). Developmental psychologists, such as Arnett (2000) and Erikson (1968), have identified the establishment of identity, exploration of career options and formation relationships as hallmarks of the late adolescence/young adulthood stage of life. Steger et al. (2009) indicate that the search for meaning appears to be adaptive during the aforementioned developmental phases. The presence of meaning in young people's lives may also serve as a protective factor against stressors and enhance well-being across the lifespan (Steger et al., 2009).

A logo-analysis framework

Wimberley (2011) expands on a logo-analysis approach, originally proposed by Lukas (1998), which could enable counsellors to assist at-risk students, especially those in the late adolescence/young adulthood developmental phases, to search for and discover meaning. Wimberley's (2011) approach, consisting of six stages, is presented in Table 1.

Table 1. Logo-analysis: A Six Step Model.

Step	Focus	Goals of session	Techniques	Homework
1	Identify the psycho-social concern	Establish the relationship Separate the client's identity from the problem Identify when the client's life is problem free	Socratic dialogue Identify logo-hints	Create a uniqueness list - clients are tasked to create a list of areas (e.g. activities, experiences and relationships) in which they cannot be replaced
2	Identify what scope of free action is available	Move client from victim role Educate on the healthy noetic core	Socratic dialogue Dereflection Attitude modulation	List making - identify possibilities, choices and consequences
3	Identify what options are available to the client	Move to the conscious what is unconscious Emphasise scope for free action	Socratic dialogue	Value profiling
4	Identify the most meaningful option	Assist client to discover the authentic self Identify resources that are available Activate the defiant power of the human spirit	Socratic dialogue	Mountain top exercise
5	Identify the options that the client wants to put into action	Reduction of symptoms Activation of meaning possibilities	Socratic dialogue 'Act as if'	'Act as if' in different situations
6	Termination	Identify the role of meaning-directed tension	Socratic dialogue Self-transcendence	Meaning-centred goals

Table 1 explains that the logotherapist/counsellor focuses on (1) establishing rapport, and (2) problem clarification and definition, during the initial consultation. Lukas (1998) explains that a comprehensive understanding of the problem will also bring about heightened insight into problem-free areas. The logotherapeutic technique of *Socratic dialogue* is used to draw insight from the client's healthy noetic dimension. Shantall (2003) describes Socratic dialogue as a technique where the logotherapist poses questions to the client in such a way as to illuminate and elicit unconscious dreams, hopes and motivations. The use of Socratic dialogue is illustrated by means of examples in the case example that follows. Shantall (2003) continues by stating that both the counsellor and client ought to focus on the meanings that present during each unfolding moment - these are referred to as *logo-hints*.

In contrast to traditional pathology-based counselling efforts that focus on a disease-orientated clinical understanding, logotherapy focuses on identifying logo-hints and building on the meaning-opportunities and tasks that clients can fulfil - in other words, the scope for *free action* is highlighted. This helps to establish a meaning-centred tension between *who the person currently is* and *who the person authentically ought to be* - this is further examined by the client via the *uniqueness* homework exercise (Frankl, 2006).

The overarching aim of the second step is to assist the client to de-reflect from a prominent problem-focussed stance towards a noetic-based focus. This is predicated through

Socratic dialogue and attitude modulation. The concept of *attitude modulation* refers to directing the client's attention towards that which is good, authentic and meaningful in life, as well as areas where creative, experiential or attitudinal values can be realised (Marshall, 2009). This logo-analysis step is akin to a positive psychology approach with its emphasis on human strengths (Seligman & Csikszentmihalyi, 2000). Even though both logotherapy and positive psychology emphasise that which is best about being human, there is an important distinction to be made: logotherapy focusses on how humans can discover meaning amidst, or in the face of, stressful challenges, while positive psychology tends to emphasise the study of strengths within more benign contexts (Frankl, 2006; Seligman & Csikszentmihalyi, 2000).

The options that were identified during the second step are now, in the third stage, collected without evaluation (Lukas, 1998). As homework, clients are requested to consider the values that they most cherish in life: to name, define as well as reflect on practical examples when these values were realised.

The aim of step four is to initiate the meaningful search for the *authentic self*. This refers to the self that the client *ought to be* and/or meaning tasks that could be pursued and completed. This process enables clients to uncover the defiant power of the human spirit (Wimberley, 2011). The *mountain top* homework exercise requires from clients to metaphorically view their lives from a mountain top. The people, such as role models, as well as values and experiences that were/are most meaningful to them, are identified and its impact on their lives evaluated.

In step five clients select the most meaningful options that could be put into practical action. Counsellors propose that clients *act as if* the options were already part of their psycho-social profiles. In other words, clients draw on the uniquely human capacity of imagination to envisage their lives as already dedicated to the pursuit of meanings, values and important tasks.

The logo-analysis process is concluded in step six via a reflective and meaning-centred discussion about clients' experiences, the tensions that were established between *who they are* and *ought to be* as well as future meaning-centred goals. Hutzell and Eggert's (2009) meaning-centred and purposeful goals workbook could be made available to clients in an attempt to enhance their future meaning journeys. Bibliotherapy, such as reading Frankl's (2006) book, *Man's search for meaning*, can serve as additional positive enforcement. Additionally, Vail and Crudup (2011) suggest that watching logotherapy-themed movies, such as *The company men* and *Rabbit hole* could be recommended to clients.

Wimberley (2011) cautions that the six step logo-analysis approach ought to be regarded as a guide and not as a prescribed solution when working with university students. This means that counsellors and clients may work through the process over more, or fewer, than six sessions.

A CASE EXAMPLE
Background to the case
Peter (pseudonym), a 22 year old second year student, consulted with the author, who acted in the capacity of student counsellor, regarding the numerous stressful challenges that he was experiencing. According to Peter he was in a *state of desperation* when he consulted with the author. Amongst others, he had failed his academic subjects during the first semester examination (of the year of consultation), struggled to manage strong emotions, especially anger, suffered from poor self-esteem and grappled under social challenges. Furthermore, he wanted to withdraw from his everyday responsibilities, experienced a sense of lethargy and had little energy to set and pursue life and academic goals - something that he used to cherish. Moreover, Peter experienced a strong external locus of control; he felt as if he did not have the capacity to initiate constructive action in response to psycho-social challenges, struggled to realise the meaningful opportunities embedded in his academic training (an aspect that created

a significant amount of guilt) and felt helpless against the *unfairness of the world*, specifically regarding his parents' struggling financial and social situation.

Ethical considerations
The author fulfils a dual role in reporting on this case study. Firstly, as a student counsellor, his ethical responsibility lies with the client. The role of counsellor requires an empathic stance and disciplined subjectivity to facilitate a meaningful counselling process. Secondly, as researcher who is reporting on the aforementioned process, the author is challenged to remain objective and report on the case example in an attempt to disseminate information with academic peers. In order to address his ethical responsibility towards the client, informed consent was obtained from Peter to use his case and logo-analysis experience as illustration. Peter agreed to this because, amongst others, he believed that his struggles ought to serve as inspiration for other students. A pseudonym is used to protect Peter's identity and no identifying information is included in this article. The author worked with Peter's case as part of his Intermediate level training in logotherapy, under the auspices of the Viktor Frankl Institute of Logotherapy (Dallas, Texas). As part of the mentioned training the author attended regular supervision sessions that were facilitated national and international trainers in logotherapy at the Unisa Centre for Applied Psychology. Peter provided informed consent for the use of counselling material, such as process notes and session transcripts, for the mentioned training.

Application of Wimberley's approach
The author adopted a logotherapeutic stance and regarded the interaction with Peter as a *true encounter* between two spiritually alive human beings. In other words, it was not just a haphazard or meaningless encounter, but rather a destined, once in a lifetime opportunity that beckoned both participants to speak, listen and continue the search each for their own, and for the other's, respective, meaningful connections to life. Thus, the counselling sessions were regarded as authentic encounters that were meant to uplift Peter towards the discovery of meaning notwithstanding psycho-social challenges.

During the first logo-analysis session Peter spoke openly - apparently for the first time in his life - about the challenges and problems that he had encountered. To identify a baseline for the presence of meaning in Peter's life the author asked him to complete the Purpose in Life (PIL) Test, which serves as an empirical measure of Frankl's *meaning* concept (Hutzell, 1988). Research has substantiated the validity and reliability of the PIL Test (Meier & Edwards, 1974; Zika & Chamberlain, 1992). While the PIL Test is not a classified psychometric measure, it can be used as a counselling tool by expertly trained and experienced, or under the supervision of such, logotherapists (Van Jaarsveld, 2004). Rogina and Quilitch (2010) suggest that the PIL Test be utilised in a pre-and post-intervention mode as a means of assessing the client's progress.

Peter obtained a score 82 on the PIL Test, which points a *lack of meaning* in life. The result from the PIL Test was contextualised and discussed with Peter. He indicated that he did experience a significant lack of meaningful purpose in his life. During the feedback session Peter also explained that he *felt an inner calling* that he was meant to do something important with his life; that his life, the struggles that he had encountered as well as the achievement of being a first generation university student, endowed him with a significant responsibility that he wanted to fulfil; an opportunity that he could not allow to go to waste. This indicates the importance of providing feedback to clients regarding scores obtained via psychological measures, when used as part of, amongst others, the logo-analysis, or other, processes: the feedback process enabled Peter to reflect on his life and, instead of *categorising* him, it served a meaningful goal in itself, i.e. to search for and discover meaning in life.

During session two the author used a series of Socratic questions (example, *Tell me about yourself when you are at your best*) to invite Peter to search for meaning potential in his life. The prominent logo-hint that emerged from the Socratic questioning was Peter's sense that he was meant to realise his potential in life; he hesitantly verbalised the belief that his life could not just be the determined by the dire social conditions that he was born into. During this session Peter was able to create the perspective that meaning may be possible in his life; that he may be able to achieve something significant in his life. The homework assignment - to create a uniqueness list - afforded Peter the opportunity to entertain the belief that he had important tasks to fulfil in his life.

The aforementioned initiated a cognitive shift whereby Peter was able to de-reflect away from a prominent focus on psycho-social challenges towards meaning-centred opportunities. The cognitive shift was discussed and reflected upon for at least another three sessions. It was only during the fifth session that the meaning-centred realisation broke through Peter's defensive armoury.

In session five, which was still concerned with step one as indicated in Table 1, Peter's emotions broke through and he was able to express the overwhelming sadness that had characterised his life up to that point. He indicated that it was the first time that he could be *weak* (i.e. cry in front of someone) and still experience a sense of *strength* afterwards. This afforded the opportunity for the author to introduce the concept of the *healthy noetic core* as well as to initiate the shift from the victim-role as indicated in step two (see Table 1). Peter was requested to complete the list-making exercise as homework.

During session six the emphasis shifted towards the options that were available to Peter (step three, Table 1). The list-making exercise in step two provided further insight into the *scope of free of action*, i.e. his ability and freedom to make informed choices, which existed despite the omnipresence of life stressors. More specifically, Peter came to realise that writing poems, which was something that he had been engaged in as a lifelong hobby, was a form of *free action* that he could draw on to discover meaning when confronted by difficult challenges. Through this creative avenue, he could address tragic triad challenges and articulate his sadness as *experiences of meaningful beauty*. Peter completed the value profiling exercise as homework and identified three core values that were important to him, namely leadership, courage and discipline.

Peter's three prominent values served as the starting point to discuss and reflect upon his *authentic self* during session seven. In other words, the person that he was called to be in spite of the distressing challenges that he had faced in his life. Peter felt that he could make valuable contributions to other students who had been enduring similar challenges and set the meaning-centred goal to become involved with a student organisation where he could provide assistance and/or mentor other students. This goal could be considered self-transcendent in nature, because Peter's focus had shifted from an exclusive contemplation regarding self-interests towards reaching out to others. In order to concretise the growing sense of meaning-centred opportunities, Peter completed the mountain top exercise as homework. His mother emerged as a primary source of inspiration for him. She was a domestic worker who, through the act of self-sacrifice, was able to send him to university - Peter came to understand this as a self-transcendent gift from his mother. This served as the impetus to realise both experiential (expressing gratitude for the gift), creative (investing the time and energy to optimally utilise his educational opportunity) and attitudinal (success is not measured by money, but by pursuing meaningful tasks despite suffering) values.

During session eight Peter indicated that many of his initial symptoms had dissipated. He was no longer concerned with feelings of inferiority because he was trying to make a difference to the lives of others - Frankl (1988) argues that meaning becomes comprehensible when reaching out to others and/or an important task. His concerns with the unfairness of the

world had been replaced with gratitude for the sacrificial efforts that his mother made to contribute to his education. As a means of rising above his social challenges, Peter had taken a part-time job at a local restaurant. This afforded him the opportunity to supplement the meagre funding that he was receiving from his parents. He had also become aware of an opportunity to join a university-based organisation that supported students. The author challenged Peter to *act as if* he had already attained his meaning-centred goals during the coming week. He was later, subsequent to termination of the counselling process, elected as chairperson of the university-based organisation. He utilised his position of influence to, amongst others, mentor junior students and refer those in need of psycho-social assistance to the student counselling centre.

Sessions nine and ten served as the termination phase. Peter had been able to actualise the contents of the meaning triad despite tragic triad challenges. This made him aware of the meaningful opportunities and his *freedom towards* psycho-social challenges. The author provided Peter with a copy of Frankl's (2006) *Man's search for meaning* as well as Hutzell and Eggert's (2009) meaning and purposeful goal setting programme. During the final session Peter again completed the PIL Test and obtained a score of 128, which points to definite meaning and purpose in life (Hutzell, 1988). When compared to his initial score of 82, there appeared to be a significant quantitative improvement in the activation of Peter's will to meaning. He substantiated this by sharing a series of insightful experiences and realisations. What became apparent to the author was that Peter's initial external locus of control was replaced by an internal meaning-directed locus of control, which enabled him to realise his inner potential regardless of the omnipresent psycho-social stressors of life.

The use of ten sessions to complete Peter's counselling process may be regarded as problematic with a higher education context where the preference would be to focus on short-term and problem-solving counselling efforts, i.e. four to six sessions (Van Heerden, 2009). However, when considering the complexity of Peter's case - an entanglement of psychological, social and academic challenges seen against the backdrop of a first generation student who also has to deal with the transition from high school to university and address developmental tasks - the use of a longer treatment plan could be justified. Additionally, the emphasis was placed on being of the greatest possible value to Peter, i.e. the client. The author was also fortunate to have the required time and resources at his disposal to manage the longer-term logo-analysis process. However, this does point to one of the challenges that student counsellors have to address: working with limited resources, such as personnel shortages, financial restraints and personal capacity, while being faced with ever increasing numbers of students who live in a country characterised by numerous psycho-social stressors (Van Heerden, 2009).

Subsequent to the termination phase Peter kept in contact with the author and informed him that he was able to complete his undergraduate degree, enrolled for postgraduate studies on a part-time basis and had obtained employment within his field of study. Peter's greatest insight was that his experiences were not in vain but served as the impetus to awaken him to the existence of meaning despite the inevitable challenges that students, and others, experience in life; that between stimulus and response, humans always have the freedom, and therefore also the responsibility, to make choices.

CONCLUSION

The aim of this article was to discuss the potential value of logo-analysis within a student counselling context. Students often initiate contact with student counsellors because of problem-focussed behaviours. From a logotherapeutic perspective, student counsellors have the task of assisting them to not only effectively deal with their psycho-social challenges, but also to define it as a call to identify and pursue meaningful tasks. Frankl (2006) suggests that if we, as counsellors, only focus on people's pathologies, we make them worse. However, if

we see them as capable of addressing life's demands via their talents and strengths, we make them extraordinary. Their lives begin to embrace all the facets of being optimally human; the realisation of the meaning triad becomes possible in spite of the tragic triad challenges and they move from the periphery of life towards the centre stage by fully embracing their meaning-centred tasks and responsibilities.

The paradoxical challenge that student counsellors face is to assist young people to adequately address and manage challenges that are constantly emerging in a progressively more complex world. While it is essential for counsellors to address and attempt to assist clients to alleviate pathological symptomology, logotherapy serves as a complementary approach to endow students with the capacities to search for meaning and grow despite, or maybe even because of, the complex psycho-social challenges that they will inevitably encounter. Logo-analysis could therefore serve as a valuable approach to complement counsellors' existing therapeutic modalities, if the aim is to assist clients to search for and discover meaning in life. However, logo-analysis is a time-intensive therapeutic modality and may not always be practical or realistic within environments where resources may already overstretched.

The logo-analysis approach propounded in this article ought not to be regarded as a panacea. Rather, it serves as a guiding frame that offers structure to the, often challenging, aim of discovering meaning in apparently meaningless psycho-social challenges. Furthermore, it may enable student counsellors to reframe the psycho-social challenges, such as anxiety, depression and substance abuse, which are threatening the well-being of university students, as the impetus to search for meaning and present their accompanying awareness and discoveries to the world as gifts.

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Challenges and Opportunities: Mergers Within Mergers in the Context of Student Counselling

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ABSTRACT

The University of Johannesburg was established on 1 January 2005 as a result of the merger between the Rand Afrikaans University and the Technikon Witwatersrand. The focus of this paper is not on the high-level merger aspects, but rather on the internal 'merger within the merger' of the various Units, Institutes, Bureaus and Divisions dealing with the psycho-social and career-focused activities within the University. The discussion is presented in a case study format, reflecting and tracking the actual merger process, from inception to implementation along tight timelines. Challenges and opportunities that have emanated as a result of the development of quality promotion processes and activities within PsyCaD are presented in terms of their significance for the promotion of quality and the operation of PsyCaD as a fully contributing Centre under the University's strategic plan, while providing excellent service delivery, promoting entrepreneurship, supporting the implementation of new ideas, generating income and being responsive to community needs.

KEY WORDS

Career development; excellence of service; innovation and entrepreneurship; mergers; quality promotion; student counselling

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THE BACKGROUND TO MERGERS IN HIGHER EDUCATION IN SOUTH AFRICA
The aim of the higher education system in South Africa 'to provide for individual aspirations for self-development, supply high level skills for the labour market, generate knowledge that is of social and economic benefit, and develop critical citizens' (Department of Education, 1997). To better meet these intended outcomes in the pos-1994 South Africa the higher education landscape underwent major changes between 2003 and 2005 with the merging and restructuring of institutions and the introduction of universities of technology and comprehensive universities (Higher Education Monitor, 2009). The higher education landscape in South Africa changed from having 21 public universities and 15 Technikons to a new landscape, as approved by Cabinet on 29 May 2002 (Asmal, 2002). As a result the Higher Education Act (South Africa, 1997), which set the policies under which universities and Technikons operated, required amendment.

The merger to form the University of Johannesburg
The University of Johannesburg (UJ) came into being on 1 January 2005 as a result of the merger between the Rand Afrikaans University and the Technikon Witwatersrand. This occurred one year after the incorporation of two campuses of Vista University into the former Rand Afrikaans University. UJ is positioned to offer multifarious programmes that range (a) horizontally through a full spectrum of vocational, professional and general formative programmes, and (b) vertically through the full range from undergraduate certificate to doctoral programmes.

The internal merger to form the Centre for Psychological Services and Career Development (PsyCaD)
Student counselling and career development units are a known feature of all higher education institutions. Under the erstwhile Technikon Witwatersrand, this counselling unit resided under the Dean of Student Affairs, with the Director: Academic Student Development and Counselling reporting to him, and with a separate Cooperative Education Unit, (whose Director reported directly to the Deputy Vice Chancellor: Academic). Contrarily, in the Rand Afrikaans University the Student Services Bureau was a freestanding unit (separate from Student Affairs) that reported to the Pro-Vice Chancellor. The Rand Afrikaans University also hosted the Institute for Child and Adult Guidance, which delivered psychological services to external non-UJ clients.

In order to achieve a unified student counselling and career services unit in UJ, the merger process addressed the integration of Academic Student Development and Counselling (ex-Technikon Witwatersrand) and the Student Services Bureau (ex-Rand Afrikaans University) through the Renewal and Integration Process. This process was finalised in July 2007 and the Student Counselling and Career Development Unit was subsequently established. In March 2008 the small Cooperative Education Unit (ex-Technikon Witwatersrand) was integrated with the Student Counselling and Career Development Unit, with an office on each of the four UJ campuses. During this period the UJ Management Executive Committee decided to integrate the Institute for Child and Adult Guidance (also offering psychological and career services, largely on a fees basis and functioning as a training site for intern Psychologists) should also be with the expanded Student Counselling and Career Development Unit in order to deliver unified student counselling, psychological and career services to the UJ community as a whole. This unit would be located within the broader UJ framework in the Division of Academic Development and Support (ADS).

In this paper the authors outline and document the integration process that was followed and the establishment in September 2008 of a unified and comprehensive centre, the Centre of

Psychological Services and Career Development (PsyCaD). The purpose of this centre is to contribute to academic access through the delivery of psychological and career services to UJ students and employees.

METHODOLOGY
A qualitative research methodology was used in this study (Mayan, 2009). As the merger occurred within a bounded system (i.e. the merger process leading to the formation of PsyCaD within UJ), a case study format was employed. The case study method was considered appropriate as it allowed for "an in-depth description and analysis" of the unit under investigation (Merriam, 2009, p. 40).

Data collection and analysis
Case studies desist from providing an absolute means of data collection and analysis – various sources of information (such as interviewing and archival records) may be consulted (Merriam, 2009, pp. 39-54). In this study the authors used data obtained through reviews of documentation and personal observations of the merger process. Analysis of the descriptive merger study led to the conclusions drawn.

RESULTS AND DISCUSSION
The integration process is considered a success story by the authors and the model followed deemed to be worth sharing, especially as it is generally recognised that change is 'a given' and also an ongoing and re-occurring process: other student counselling structures that are considering review may benefit from the insights shared. The process outlined was complicated as it brought together two contradicting models – one focused on service delivery to internal clients and prospective students and that was thus fully funded by the university with most services offered for free to student clients, while the other was an income generation model dependent largely on third stream income generation for funding.

The Director of the former Institute for Child and Adult Guidance was tasked with the integration of the five sites of service delivery across the four campuses from 1 May 2008: the UJ Management Executive Committee indicated that it expected to approve a final structure on 12 August 2008.

The model followed by her to achieve this objective in the short time frame allocated is outlined in this paper and describes what is considered by the authors to be a well-conceptualised process that was tightly managed.

Management principles
The points of departure and management principles to be followed were communicated as a process that would be (a) participative and fair, (b) accountable, (c) responsible and transparent and that would be (d) completed by the date set down by the UJ Management Executive Committee. The tight time-lines necessitated that the process be intense while simultaneously focusing on the end goal. This goal was to design a consolidated student/psychological counselling services solution to be implemented for UJ. The latter statement is clarified as follows: merger with VISTA University (2004), followed by merger to become UJ (2005), then the merger of the two legacy institution Student Counselling units (2007) and the inclusion of the Cooperative Education Unit (2008).

Since late 2007 the Division of Academic Development and Support had fallen under the leadership of an Executive Director, who reported directly to the Deputy Vice-Chancellor: Academic. During 2008, the line management of the Division of Academic Development and Support was assigned to an experienced Chief Director, who reported to the Executive Director: Division of Academic Development and Support and the Deputy Vice-Chancellor:

Academic. The Chief Director's role was to coordinate governance structures and enhance financial management within this Division. These three senior line managers were involved in every step of the integration process and their full support was afforded to the Director of what was then known as the SCCD/ICAG (the UJ acronym for the combined Student Counselling and Career Development Unit (SCCD) and the Institute for Child and Adult Guidance (ICAG)).

The Director outlined the integration plan to SCCD/ICAG staff members. This outline was essentially an establishment of the facts of the Student Counselling and Career Development Unit's functioning, how the internal staff and structures related to and functioned with each other, and the processes that were followed. A well-documented and clearly communicated schedule of activities served as a guide concatenated with written feedback on the processes. All communication was formally worded and communicated through email (in the form of notifications, agendas and minutes). These emails were copied to the relevant Operational Director and the Executive Director in order to keep them fully informed on the process and to further promote transparency, one of the management principles of the merger process.

A phased integration approach
A phased integration approach was used where reflections and conclusions were communicated to staff at the finale of each stage.

The detailed and comprehensiveness of the fact-finding is considered by the authors as a key aspect of the ultimate success of the integration process. During this period the SCCD/ICAG Participative Management Meetings were held on a monthly basis. The meeting attendees were the former Senior Coordinators (each of them was requested to ensure that a nominated person in his/her line function attended to act as an observer and hereby ensure greater transparency and participation in the process.)

The nominated line reportees rotated in order to afford more staff members an opportunity to participate. In the subsequent section a timeline of the various phases is presented.

Phase 1
Campus visits to the Student Counselling and Career Development Unit offices on the four campuses with the Operational Director: Division of Academic Development and Support in attendance. The objectives of this phase were to understand the functions and functioning of the facilities on all four UJ campuses, and also to create an opportunity for all staff members to personally meet the Director.

Phase 2
Deliberations with each Senior Coordinator and his/her team members (line functions) with relevant administrative staff included. The objectives of this phase were firstly to be informed of the functioning of each of the line functions and/or campuses, and secondly to deliberate with one another in regards to the interface, coordination and coherency of the four line functions, four campuses, the Institute for Child and Adult Guidance, as well as the Cooperative Education Unit. This allowed a common understanding of how each function and campus was supported (or not supported) in order to ensure quality delivery of services and the horizontal and vertical accountability of each line function and campus. This in turn created a forum for individual staff members to express their role(s) in the line function, deliberate on a possible 'wish list' and to form a tentative understanding of how the former ICAG and SCCD functions overlapped and therefore how this could be integrated into the new centre.

Phase 3
Attendance and observation of the Senior Coordinators' Meeting and the Financial Committee Meeting. In this phase the objectives were to allow the Director to understand the process of financial and operational governance of the Student Counselling and Career Development Unit. She was also afforded the opportunity to create an understanding of the differences and similarities in the governance, management structures, and cultures of the then still functioning SCCD and ICAG.

Phase 4
Individual interviews with each staff member (40 meetings). The objectives of this phase were three-fold. In the first instance the Director was provided with an opportunity to personally engage with each staff member. Secondly, the staff members were afforded an opportunity to voice their own views of their potential role(s) in the future integrated centre. Lastly, they critically reflected on a possible structure for their roles. Thus, this phase provided a forum for seeking clarity and for sharing of pertinent information.

Phase 5
An integration workshop on a future organisational structure. All permanent staff from the SCCD and ICAG were invited (together with a representative from each of the intern Psychologists, intern Psychometrists and contract Assistants in SCCD and ICAG). Their respective line managers appointed the representatives of these temporary employees. As this was a workshop format, no prior agenda was proposed. The workshop was facilitated by a Human Resources Consultant and was assisted by the UJ Human Resources Project Manager. Deliberations revolved around the structure, governance and name of the new centre. In addition, conversation was held in regards to meeting forums, stakeholders, clientele, quality assurance and financial accountability.

Participants agreed that the name of the new centre should be *The Centre for Psychological Services and Career Development* (with the acronym of PsyCaD). Participants considered this a 'catchy' acronym that flowed easily off the tongue and would assist in the marketing of the Centre. Another decision made was to follow a team approach, with rotational team leaders to be appointed as managers of the various functional areas. This would allow for the creation of opportunities for capacity building.

On completion of the workshop the agreed proposal was submitted to the UJ Management Executive Committee who approved the formation of PsyCaD on 12 August 2008. The addition of an Advisory Board for the new Centre and the positioning of the Shared Services Unit parallel to that of the Business Partner were made. The final integration phase dealt with the actual population of the functions and the functioning of the new centre.

Phase 6
Population of the PsyCaD organisational structure. The agreed upon process followed commenced with an opportunity for all staff to submit nominations for the respective Team Leaders and Business Partner positions. Eligibility guidelines and two template documents (a Declaration of Availability form and a Nomination form) were provided to staff on which they could declare their availability for a position and/or nominate existing staff for such a position. The Human Resources Department of the University managed this process. The due date for completion of these forms was 28 August 2008 and the Team Leaders and Business Partner were announced on 29 August 2008.

PsyCaD would be governed by the Division of Academic Development and Support and the Director would manage the executive functions of PsyCaD. The structure consisted of a Business Partner and six units for delivering the core services of the Centre. These are

Academic Services (including the Office for People with Disabilities and Work Integrated Learning); Career Services; Psycho-Educational Services; Shared Services; Therapeutic Services; and Training and Development Services (refer to Appendix A: Figure 1: The PsyCaD Wheel of Services for a diagrammatic representation of these services in relation to the Director).

The Director, Team Leaders and Business Partner finalised the distribution of positions within the approved organogram on 8 September 2008 (Appendix A: Figure 2: PsyCaD Organogram). The populated organogram was then circulated to the staff for comments, and, concurrently, staff were requested to indicate their top three preferences for positions in the structure. After considering the comments and preferences the Director, Business Partner, Team Leaders and Human Resources Department allocated staff to the structure, all existing employees being accommodated. The principles of the Integration and Renewal Process were followed in this process. This tentative detailed design and proposed population was submitted to the Deputy Vice-Chancellor: Academic for approval on 10 September 2008, and was announced at the first PsyCaD Staff Meeting on 11 September 2008.

The Human Resources Division was requested to assist with the implementation of the organisational structure by the end of September 2008. The process unfolded according to the principles of inclusion, participation, responsibility, accountability and democracy.

The implementation of the integration approach
The first official PsyCaD Management Meeting was held on 19 September 2008. In this meeting the management principles of PsyCaD were confirmed, a proposal for the financial management of the Centre proposed, and the beginnings of a quality focus for PsyCaD implemented. Accordingly, the meeting structures and forums, job descriptions, and the establishment of the PsyCaD Advisory Board, were spelled out.

For the period from October to November 2008 the Service Units launched projects and collectively took responsibility for the planning and roll out of all services to all stakeholders for 2009. Concurrently during this period, day-long PsyCaD Management Meetings were held. Key quality mechanisms relating to staff, such as job descriptions leading to their performance contracts and the comprehensive evaluation of PsyCaD structures were discussed. Furthermore, the establishment of the Board of Governance was confirmed. PsyCaD was to be governed by a Constitution, with formal policies, procedures and a code of conduct. The process and owners of the aforementioned were allocated, and a central PsyCaD Year Plan was drawn up.

PsyCaD has physical infrastructures on all four campuses, with five sites of service delivery. Initially the human resources within PsyCaD was comprised of 88 staff members (including intern Psychologists and intern Psychometrists) to service the roughly 45 000 students and approximately 3500 staff members. Professional staff members are required to be registered with the Health Professions Council of South Africa (HPCSA) in their respective categories (e.g. counselling psychologist). Thus, each professional functions according to relevant HPCSA legislation and ethical requirements.

The Centre endeavours to incorporate more than only the usual counselling and career development functions for students and prospective students. Accordingly, PsyCaD has retained its focus to serve as a training site for intern Psychologists and intern Psychometrists. Furthermore, the Centre itself also offers psycho-social services to external (non-UJ) clients. For these reasons, PsyCaD is considered to be unique among student counselling and career development centres in the South African higher education system.

PsyCaD was integrated into the larger UJ community and the broad outline of the PsyCaD plan for 2009 was disseminated on 18 September 2008. Brainstorming sessions were aimed at identifying opportunities for the new centre to make a real difference, and to contribute

positively to UJ and its students, staff and external clients. Some of the resultant innovations are succinctly discussed below.

Resulting innovative implementations

It was agreed upon by all internal stakeholders that the PsyCaD Service Units would not operate independently of each other but as crosscutting teams with team members working across functions. The traditional organogram (Appendix A: Figure 2: PsyCaD Organogram) did not seem an appropriate way to depict the new Centre and therefore the idea of the PsyCaD wheel of services was conceived. This innovative concentric circle design quickly translated into a handy mouse pad that became an effective marketing tool and is still currently used as a PsyCaD promotional item. Service Units also came up with innovation(s), which in turn have contributed to service enhancement.

The development and launch of a slogan for the Shared Services Unit, "*Keeping the wheels of PsyCaD turning*", appeared to be a successful unifying factor for the staff who would work on the five sites under the relevant Team Leader. The Shared Services unit comprises of a diverse range of staff members who play key roles within PsyCaD, such as the Administrative Staff, Researcher, Psychometrists, Information Technology Assistant and the Financial Officer. The re-conceptualisation of certain key functions within PsyCaD (such as the implementation of updated psychometric assessment tools), as well as the effective management of confidential information, the updating and maintenance of the electronic tracking system, the ongoing quality evaluation of PsyCaD services rendered, as well as the management of diaries with the effective implementation of pie charts are additional implemented innovations within this Unit.

An innovation of the Academic Services Unit was to allocate dedicated Psychologists to each faculty of the University for them to become Faculty Liaison Officers. In this way they acted as direct links into the faculties and departments. This allowed for PsyCaD and the faculties to establish a close working relationship aimed at improved student throughput.

From 2009 the Career Services Unit employed Career Consultants. These professional staff members focus on the delivery of career-relevant workshops, interacting with students on an individual or group basis, the management of psychometric assessments, and as the re-conceptualisation and implementation of the Career Resource Centres on each site. The on-line launch of the Career Portal with its deemed attractive design appeared to be an effective draw card for students, assisting them with employability skills and graduate placement opportunities. In addition, extensive work was done to update and re-develop the Career Services Unit's on-line website, and ongoing quarterly newsletters would be disseminated to students.

PsyCaD's Therapeutic Services Unit conceptualised a 24-hour crisis line together with the Campus Health Clinic, Protection Services and Student Housing and Residences. The 24-hour crisis line is staffed by intern Psychologists under the supervision of registered Psychologists from the Therapeutic Services Unit. It was formally launched to UJ students and staff in February 2009. Crisis line stickers were widely distributed to students and poster were put up on all the University's campuses on which the contact number of the line was provided.

The Psycho-Educational Service Unit introduced the Peer Buddy system. This system consisted of selected students who are intensively trained to assist their fellow students with student-related problems on the campuses. At the same time a Residence Development Programme - consisting of workshops based on needs as determined by students themselves - was rolled out. In addition, Continuing Professional Development (CPD) workshops were designed, advertised and presented – raising the awareness of the new Centre, providing a valuable income generation mechanism and allowing the opportunity for professional development of staff members. Accruing CPD points is a legal requirement for professionals

registered with the HPCSA, and, therefore, advertisement of these workshops reaches professionals throughout South Africa.

The key tasks of the Training and Development Service Unit are to address the development needs of professional and administrative staff within PsyCaD, and also to select, train, and supervise intern Psychologists. The allocation of a development budget per permanent staff member for 2009 is one of the innovations of this Unit.

PsyCaD's initiatives are supported by the office of the Business Partner. Her role is to ensure effective marketing of the Centre and to manage relationships with internal and external clients. Working with other departments within UJ resulted in staff and students frequently hearing the term PsyCaD, which was reinforced by a poster campaign, bookmarks and rulers provided to the 2009 intake of students. The small promotional items, which accompanied PsyCaD staff as they interacted with clients and staff members, have also proven to be an effective attention attracter. It appears that the relatively simple matter of making business cards available to PsyCaD staff has been an important motivating factor. The development of the PsyCaD website was another deliverable from the Business Partner. The innovative introduction and use of the PsyCaD intranet can be seen as providing the Centre with a technological edge: all PsyCaD documents, including the minutes of meetings, are available to PsyCaD staff, hereby ensuring that the principle of transparency is upheld. As a password is required for access, only PsyCaD staff are able to access the internal PsyCaD Intranet.

The laying of the groundwork and innovative designs needed to achieve the ideals of the new Centre was intense. The effective use of small tokens in order to show appreciation and to build employee support, such as the 'Thank you' lunch at the end of November 2008, generated a feeling of appreciation and common purpose.

All PsyCaD activities are guided by relevant quality processes implemented in the Centre. Therefore it will be relevant to discuss certain of these quality processes and measurements in the next sections.

Quality processes within PsyCaD
The quality focus within PsyCaD has been evident since the first integration talks. The establishment of the PsyCaD Quality Promotion Committee in January 2009 is an indication, on the part of PsyCaD management, of its understanding that "good quality is not accidental and that it does not result from mere wishful thinking" (Gitlow et al., 2005, p.31). Hoyle (1994, p.12).

An important aspect of a process is a feedback loop (Gitlow et al., 2005, p.72). Quality may be seen as such a process. The importance of feedback is viewed as a critical aspect of continuous improvement. An example of continuous improvement and its related principle is "the relentless pursuit of gradual unending improvements in quality by getting the maximum out of existing resources" (Hoyle, 1995. p.1), which has been adopted by PsyCaD.

Another aspect of quality in PsyCaD is the deliberate and intentional underscoring and foregrounding to PsyCaD staff that they are valued and are a valued part of the Centre. Goetsch and Davis (1994, p.122) state that organisational cultures need to be created. Many of the characteristics they indicate were either already met or, at the least, being actively pursued within PsyCaD.

These characteristics include that behaviour is to match slogans; customer input is actively sought and used to continually improve quality (as may be evidenced by the various surveys undertaken); employees are both involved and empowered; work is done in teams (as in the PsyCaD projects); executive level management is committed and involved in quality matters (the Director: PsyCaD is Chair of the Division of Academic Development and Support Research and Ethics Committee); sufficient resources are made available to improve quality (the electronic tracking system, which has been funded from PsyCaD trust funds); education

and training is provided (each permanent PsyCaD staff member has a training and development budget at his/her disposal); reward systems are in place (bonuses, other motivators and recognition systems); fellow employees are viewed as internal customers; and suppliers (i.e. other UJ departments) are seen as partners.

Quality measurements within PsyCaD

All PsyCaD activities are underpinned by ethical considerations and professionalism, in line with the HPCSA's legislation. All PsyCaD staff members are expected to adhere to these requirements – administrative staff included. CPD workshops on Ethics and Professionalism are presented every six months in order to allow every registered professional to achieve at least six Continuing Education Units (CEUs) each year, as required by the HPCSA.

One of the key responsibilities of professionals within the Health Care Services is the safekeeping of confidential information. As PsyCaD deals with personal information of a psychological nature, the Centre has a responsibility to act as the guardian of this information. 'Personal information' means personal information as defined in the Promotion of Access to Information Act (South Africa, 2000, Section 1). 'A psychologist shall safeguard the confidential information obtained in the course of practice, teaching, research or other professional duties, subject only to the exceptions set forth as limits to confidentiality in the rules of conduct pertaining specifically to psychology of the HPCSA. A psychologist may only disclose confidential information to others with the written informed consent of a client.' (HPCSA, Form 223, Sections 24.1 & 24.2).

Signing of a confidentiality oath

PsyCaD required that confidentiality oaths be signed by staff - in accordance with the HPCSA legislation - before a Commissioner of Oaths. An official notification from the Director's office was sent to all staff members. Attached to it was the confidentiality oath and relevant South African and HPCSA legislation. This was done in order to familiarize staff members to this ethical and legislative requirement and to clear uncertainties prior to signing this oath.

Legislation in South Africa requires that '[t]he person in charge of a health establishment in possession of a user's health records must set up control measures to prevent unauthorised access to those records and to the storage facility in which, or system by which, records are kept' (South Africa, 2003). All PsyCaD staff members adhere to the above mentioned. Accordingly, PsyCaD is currently in the process of implementing a uniform filing system across all service delivery sites to enhance the privacy and safe keeping of confidential information.

A uniform filing system

Prior to the formation of PsyCaD, there was no centralised filing system in the former Student Counselling and Career Development unit. Each campus had its own system thus no reliable and accurate record of students who were seen by professionals, and no means to track previous clients seen across campuses was possible. The former Institute of Child and Adult Guidance possessed a filing system, which was manually managed. This system was considered to be archaic and therefore unusable in the new Centre.

After careful consideration, investigation and deliberation, the decision was made to choose a physical filing system that is used by large medical practices in South Africa. Although this system was costly, it included the installation of appropriate shelves and cabinets, the integration of all files, and the final implementation of the system as a whole. One of the most important features of this filing system is that the filing products are approved by the National Archives Society for longevity and are also certified acid free. This means that the documents in the files will last indefinitely (or at the minimum for the five year period after

the termination of psychological services as required by law). An investigation into an electronic document management system for future use is currently being conducted. This investigation will lead to further discussions on ethical and other related issues within the Centre.

The approved filing system was presented at various PsyCaD meetings in order to inform staff members of it and the procedures associated with its use. All relevant administrative staff received training on the filing system and training on how to use the filing products optimally and effectively.

An important step in the current filing procedures is the signing in and out of clients' files. All files must be signed off by the front desk administrative staff and by the professional (receiving/returning it) on the client's file record. A file number is also allocated to the client's file. No personal information appears on a file so as to ensure confidentiality. Site visits were (and will continue to be) conducted to ensure the continued effective use of the filing system. Hereafter site-specific feedback was (and will be) provided. Together with PsyCaD's electronic tracking system this filing system will enable PsyCaD to manage data, perform research, and allow PsyCaD to account to the MEC regarding clients. This electronic tracking system is subsequently discussed.

PsyCaD's electronic tracking system
The electronic tracking system will capture and store important information for PsyCaD, including clients' personal information. This information will be protected through the application of certain computer based security measures such as login requirements, passwords and blocking of certain screens. It is envisaged that this system will assist PsyCaD in the monitoring, tracking and reporting on of clients. In this way there is a tangible means of providing evidence of the number of clients requiring support and other statistics.

In addition, all professionals will have the opportunity to capture their workload on the system. The appended information, which can be retrieved from the system through the generation of reports, will hopefully play a crucial role in decision-making and strategic planning.

The decision was made that all statistics be captured onto the system from the appointment books (carbon copy books signed by the client and the professional), the walk-in/advisory book (also signed by the client), and attendance registers of workshops (which are linked to other psychological services captured on the system). These quality measurements are planned to ensure more reliable statistics.

PsyCaD surveys and quality evaluation of services
Ongoing evaluation of PsyCaD services is implemented on all sites of service delivery. Intern Psychologists also complete a Quality Enhancement Questionnaire after the completion of their internship in which they reflect on their training. This questionnaire will also be provided to intern Psychometrists after their internship training. Together the surveys and questionnaires will monitor client satisfaction and assist in identifying areas in need of improvement.

A Student Needs Survey was recently conducted to develop and implement relevant supporting programmes and/or workshops that aim to focus on the areas of identified needs of first year students. This in turn may contribute to enhancing academic success. During 2005 to 2008 a research project was undertaken to monitor the progress of first year students over their first three years of study at UJ. A comparison of the profiles of successful and unsuccessful students was done. A decision needs to be made on the continuation of this longitudinal study. A survey to determine the needs and satisfaction of people with disabilities is also conducted by PsyCaD's Office: People with Disabilities, on a recurring yearly basis.

The above mentioned quality evaluation of services, as well as the needs surveys, not only serve as evidence for the quality and impact of the Centre's services, but also serve to initiate development of workshops and further investigation or research projects. Building a research capacity within PsyCaD is a future goal. This is especially important, as the Centre is currently host to two research projects – the Job Destination Project and a project on substance use in UJ residence students. Several current PsyCaD research projects are subsequently listed and discussed.

The building of a research capacity within PsyCaD
In PsyCaD research is conceptualised on three levels (1) intra-centre research, which is research that serves the Centre to enhance quality, service delivery and shared goals; (2) research projects relating to services and projects of PsyCaD, which is research regarding effectiveness of projects and services, for example the faculty liaison project, the food bursary project, the 24-hour crisis line project, the Peer Buddy project, the Student Needs Survey and diversity training in UJ residences; and (3) personal research projects, e.g. for Masters and Doctoral degrees. All research outcomes should be either disseminated in publications (peer reviewed and accredited) or presented as research papers at conferences (national and international).

PsyCaD's research function is positioned as a shared service in the current organogram and is in the portfolio of the Director as a key performance area. All PsyCaD activities are underpinned by appropriate research.

It is envisaged that all PsyCaD quality measurement activities will be guided by appropriate and ratified procedures and be formally recorded according to the ISO9001/2000 standard. This will hopefully assist PsyCaD with process management and improvement. It is planned to include the processes and procedures on the PsyCaD intranet and also that they form part of the "New Staff Guide and Welcome Pack" (a pack containing all relevant information for new staff members to orientate them to the PsyCaD environment).

Besides the integration phases and the implementation of the mentioned processes, the Centre participated in the 2009 UJ institutional audit and will undergo a self-evaluation in the near future. This is a compulsory step in future service enhancement.

UJ institutional audit, self-evaluation and reviews
The precursor units to PsyCaD underwent a self-evaluation process to prepare for the HPCSA evaluation in 2007. This was done in accordance with the HPCSA self-evaluation form, which follows the Higher Education Quality Committee criteria. PsyCaD was part of the UJ institutional audit in 2009. The theme of the audit was *from the merger to (wards) unity*. The formal audit report is not yet available. Although PsyCaD was only established in September 2008, a decision was made to perform a self-evaluation in November 2009.

CONCLUSION
The decision for the UJ Student Counselling and Career Development Unit and Institute for Child and Adult Guidance to merge was made by UJ Management in February 2008. The Director of the combined structure was appointed on 1 May 2008, tasked with creating a unified and comprehensive centre to serve both student and staff needs as well as those of external clients and to present a final structure to the UJ Management Executive Committee for approval on 12 August 2008.

This paper is presented as a case study outlining the process that was followed, a six-phase approach within tight time-lines that resulted in the approval of the structure and name of the Centre of Psychological Service and Career Development (PsyCaD) on the stipulated date. The fully populated structure was formally announced on 11 September 2008.

The integration process to form PsyCaD is hailed as a success story by University management. The key to success may be attributed to careful planning, effective and extensive communication, the involvement and support of top management within UJ, as well as a participative, transparent and an inherently fair process. The structure of PsyCaD was developed as a team: each and every permanent staff member participated in the process. The relatively short timeframe this was achieved in is to be commended. It is time now, however, according to the recognised quality principles to which PsyCaD subscribes, to reflect and review, to look critically at the various functions and processes and to adjust these appropriately.

Note: The PsyCaD Quality Peer Review took place from 9-11 May 2011, with a summation of 'centre of excellence' being delivered.

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Application of Theory of Planned Behaviour on Batswana Men's Psychological Help-seeking Behaviours

SAACDHE
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ABSTRACT

To investigate the suggestions that men tend to seek psychological help at lower rates than women, the present study applied Ajzen's theory of planned behaviour (TPB) to investigate predictors of men's intentions to seek psychological help among a population of university students in Botswana ($N = 236$). Participants completed four measures consisting of Attitudes Towards Seeking Professional Psychological Help Scale (ATSPPH), Self-Stigma of Seeking Help Scale (SSOSH), Social-Stigma for Receiving Psychological Help Scale (SSRPH) and Intentions of Seeking Counselling Inventory (ISCI). Multiple regression analysis revealed that attitudes towards seeking psychological help, self-stigma of seeking psychological help and social-stigma of receiving psychological help significantly predicted the intentions to seek psychological help. Generally, these findings supported the applicability of the TPB in explaining help-seeking intentions amongst Batswana male students. Accordingly, it is recommended that interventions targeted at improving male students' help seeking intentions should address their norms, behaviours, attitudes and help seeking patterns.

Keywords

Attitudes, Botswana men, intentions to seek psychological help, theory of planned behaviour, stigma.

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Botswana's current socio-economic and political challenges, which include high HIV/AIDS prevalence, high unemployment rates, poverty (Maundeni & Mookodi, 2004), gender based violence and murder Phorano, Nthomang, & Ntseane, 2005), and alcohol and drug problems (Phorano *et al,* 2005; WHO, 2011) among the youth suggest that there is a need for mental health interventions to help Batswana – particularly the youth, cope with psychological distress. Globally, drug and alcohol problems are pervasive amongst men and Batswana men have not been spared. According to data collected from the Botswana Epidemiology Network on Drug Use's four treatment centres, alcohol remains the most common primary abused substance, and a greater number of alcohol users are men (WHO, 2011). Statistical data from Botswana's only psychiatric referral hospital revealed that 75% of psychiatric admissions are alcohol related and most cases are men (MOH, 2010). Additionally, men in Botswana have not been spared from the HIV/AIDS scourge, and many other psychological problems. However, compared to women, research suggests that men only seek professional help for crises and severe problems or when compelled to seek help (Sidandi, 2004). Thus, it is imperative for both researchers and practitioners to understand factors that influence men's help-seeking behaviours.

Masculinity and Psychological Help-Seeking Behaviours
Empirical evidence from gender comparative studies across many societies on individuals who actually seek mental health services show that for most mental disorders, men in contrast to women, seek mental health services at lower rates (Addis & Mahalik, 2003; Barskadale & Molock, 2008; Gillon, 2007; McLaughlin; 2006; Mo & Mak, 2009). This trend has also been realized in Botswana, where men underutilize health related services – be it psychological, medical, or HIV voluntary testing and counseling (Langeni, 2007). These gender disparities in professional psychological help seeking behaviours are not indicative of better mental health amongst men (Moller-Leimkuhler, 2001) but a detrimental pattern that is a result of various factors worth exploring. This is supported by the World Health Organization (2010) which apart from the patterns of the illness only; found no significant differences in mental health problems between men and women.

In early studies, the social construction perspective was heavily used to explain men's low rates of help seeking behaviours. The social norms of traditional masculinity were perceived as emotional expressiveness inhibitors, consequently negatively affecting men's symptom perception and their perceived need for psychological treatment (Pederson & Vogel, 2007; Richardson & Rabiee, 2001; Smith *et al*., 2006). The male gender role expectations of being in control, rationality, aggressiveness, self-reliance and problem-solving (Smith *et al.,* 2006) are contrary to the psychological services processes where emotional openness, admittance of weakness and vulnerability are required (Gillon, 2007). These perspectives further explain the existing male antipathy towards psychological services.

In recent years, with the progression of the field of andrology, the social construction theory and its polarization of behaviours based gender differentiation has been criticized and refuted. The basis for this argument is that men's help-seeking behaviours are better understood not within gender comparative analysis, but with a focus on men (Addis & Mahalik, 2003). Focusing on men would enable researchers to take into account existing inter and intra individual variability (Addis & Mahalik, 2003; Gillon, 2007). For example, in exploring the construction of masculinity in Sub-Saharan Africa, Barker and Ricardo (2005) confirmed that there is no clear cut definition of masculinity within this region due to religion, urban-rural migration, and many other factors. This means that the overgeneralization of masculinity posited by the social construction theory may be misleading in understanding men's psychosocial behaviours. The current study therefore focused on exploring predictors of men's intentions to seek professional psychological help; without comparing them with women. This

was achieved through exploring the role of attitudes, beliefs, and perceived behavioural control in influencing men's intentions of seeking professional psychological help within the Botswana context.

Masculinity in Setswana Culture and Psychological Help-Seeking
In the contemporary African context, masculinity has changed drastically such that there are various versions of masculinities: for example, urban versus rural, masculinities defined along tribal and ethnic lines, religious masculinities, and Western influenced masculinities (Barker & Ricardo, 2005). Thus, from this argument it can be inferred that the social construct and gender role socializations of the young men in the Setswana context have been altered from the gender specific roles and expectations of traditional Setswana culture. In the past, there existed various roles and rites of passage which initiated young men into male roles. The intent of these rites of passage was to sculpt a young man's emotional, physical and social perceptions, such that he deemed himself brave in adversarial circumstances, self-reliant to be able to head a household, and able to control his emotions (Mosothwane, 2001; Schaper, 1978).

In retrospect, the initiation schools instilled a sense of emotional stoicism and minimized the idea of seeking help for personal problems. Important to note is that these initiation schools and the rites of passage that existed and trained young men into culturally defined masculinity roles and expectations no longer exist. Thus, it is safe to deduce that the psyche of the man from the yester-years is dissimilar to those of today (Barker & Ricardo, 2005). The messages about masculinity that were imparted to boys as they developed into men have significantly changed. Thus, it is vital to understand the psychology of the young man of today and his help-seeking behaviours within the current context.

Context of Professional Psychological Services in Botswana
There are currently no existing epidemiological trends and survey data on young people and their mental health seeking patterns in Botswana. Existing anecdotal data show that the use of professional psychological services has not been fully incorporated into regular health services. The challenges regarding the existing research on help-seeking patterns may be further exasperated by the fact that the field of psychology is still in its infancy in Botswana. This may translate into low mental health literacy, a lack of knowledge and understanding of psychotherapy and its processes, and may also influence personal outcome expectancies.

Nonetheless, even in Botswana, the idea of counselling has been in existence even before the introduction of counsellors and psychologists as the indigenous counselling processes have been in existence for many centuries. Indigenous counseling processes involved relatives within the extended family, and community elders who were deemed to be wise and impartial (Stockton, Nitza, & Bhusumane, 2010). These adults were not strangers to the help seekers and were not bound by any rules of confidentiality or competence. The indigenous counsellors were predominantly used for interpersonal related problems, and not mental health related problems such as depression, anxiety, schizophrenia, suicidal ideations or bipolar disorder (Malinga, T., personal communication, 2010). Severe mental illnesses were deemed the work of witchcraft; hence traditional healers were sought for those illnesses (Kgathi, 2005; Stockton *et al.,* 2010). Within the indigenous counseling process, gender was used as a determinate of help-seeking pathways; boys sought advice from other elderly men, whereas women sought advice from elderly women within the extended family. As gender roles and expectations were clearly pronounced, men sought help infrequently because the culture encouraged self-reliance and shunned men who were constantly discussing personal and interpersonal challenges (Mosothwane, 2001).

Professional mental health services started in Botswana when the Lobatse Mental Hospital was opened in 1938. Initially it was opened as an observation centre for mentally ill

prisoners and later as an observation wing for mentally ill patients from Athlone Hospital. This hospital later served as the only referral hospital for severely mentally ill patients nationwide (Republic of Botswana, 2010). Although, the hospital was open to all patients, there is an existing stigma attached to its history of caring for the mentally ill prisoners – a factor that is significantly contributing to the misconception of any topic related to mental health and its services in Botswana (Kgathi, 2005). Currently, majority of the major referral hospitals in Botswana have clinical psychologists serving the public. However, trend analysis of service utilization by both men and women are still lacking. Available data from the Central Statistics Office show out-patients visits for psychiatric services only. Data from the 2006 National Census shows, 40, 223 patients were attended to for psychiatric care for severe mental illnesses. Fifty one percent of those were male and 49% were female. For alcohol related mental disorders, 81% were male whereas 19% were female (Central Statistics Office, 2006). Although these data are not comprehensive, they highlight a trend reported globally in which men seek mental health services for severe symptoms or where psychiatric services are mandatory (Oliver et al, 2005). To fully understand these factors, the current study applied Ajzen's theory of planned behaviour to explore factors that contribute to a recognized global trend in which men are found to be reluctant to seek psychological help.

Theory of Planned Behaviour and Help-Seeking Behaviour
Researchers have explored the many factors influencing mental health help-seeking behaviours especially in Western countries. Within this research, Mak and Mo (2009) argue that there is a scarcity of theory-based studies which can be used to examine patterns of help seeking intentions among various groups. One of the heath model theories that is purported to explain help-seeking patterns and also deemed to be culture fair is the theory of planned behaviour. This theory has been widely explored and many have endorsed its utility within various populations (Pilane *et al.,* 2010). The theory of planned behaviour suggests that actual help-seeking behaviours are pre-determined by intentions to engage in the behaviour (Ajzen & Fishbein, 1980; Mak & Mo, 2009). The intentions to carry out the behaviour are also predetermined by three cognitive components, namely: 1) attitudes towards the behaviour, 2) subjective norms and 3) perceived behaviour control over the behaviour. Attitudes towards the behaviour indicate the individual's likelihood to engage in behaviour. For example, individuals are likely to engage in psychological help-seeking behaviours if they have a positive attitude towards psychological services.

The second component (i.e. subjective norms) refers to the perceived social pressure to perform the behaviour. Thus, in the case of psychological help-seeking behaviours, individuals have to believe that the people whose opinions they value approve of them seeking psychological help. The third and last component of the theory (i.e. perceived behaviour control) refers to the individuals' belief that they have the relevant resources both internally and externally to engage in the behaviours. For example, individuals with low self-esteem are more likely to label themselves as undesirable, hence avoid seeking professional psychological help. Figure 1 below pictorially presents the structural view of the theory of planned behaviour.
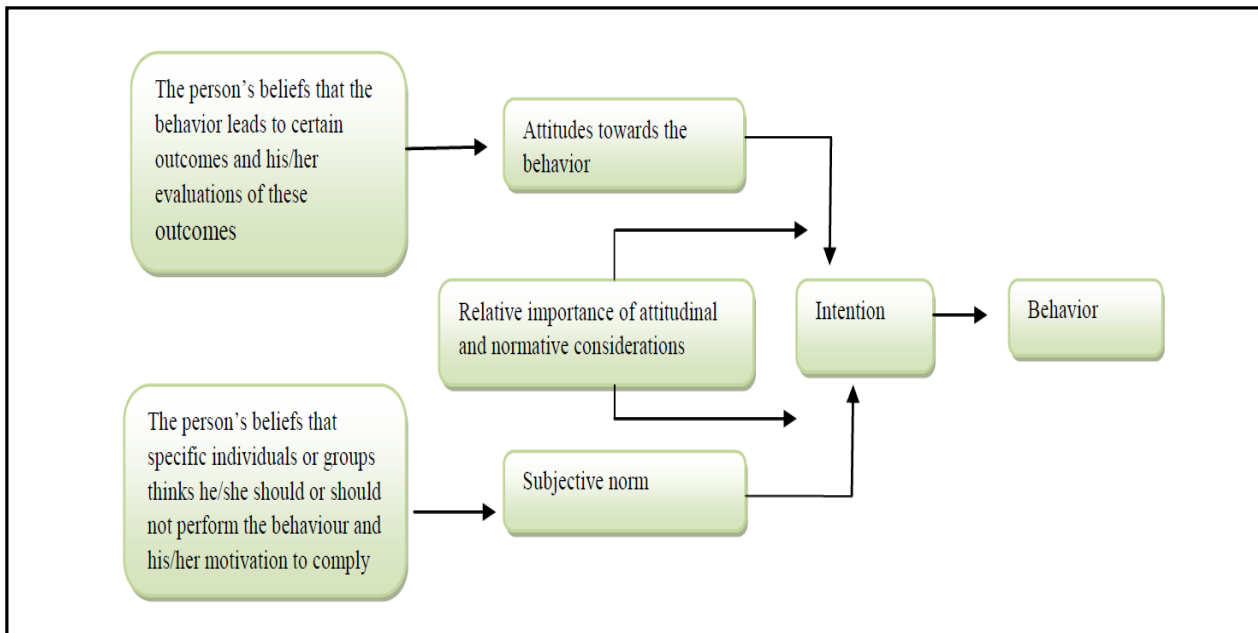
Figure 1: Structural View of the Theory of Planned Behaviour
Source: Ajzen, I. & Fishbein, M. (1980). *Understanding Attitudes and Predicting Social Behaviour.* New-Jersey: Prentice Hall, Inc.

PURPOSE OF THE STUDY
Since the empirical call for the exploration of factors that contribute to the use of professional psychological services, many theoretical frameworks have been used. However, the current study sample has never been subjected to the same exploratory studies. Thus, the objectives of this study were twofold. First was to investigate the applicability of the theory of planned behaviour in a non-Western sample. To achieve this objective, four instruments with proven internal consistency and measuring all the four components of the theory of planned behaviour were used. The second objective was to explore the role of psychosocial cognitive correlates of help-seeking intentions among men in Botswana. To achieve this objective, scores from the social-stigma, self-stigma and attitudes towards seeking psychological help scales were correlated with the intention to seeking psychological help scale. Based on the cognitive pathways of the theory of planned behaviour, the following hypotheses were explored in this investigation;
Hypothesis 1: A direct relationship exists between attitude toward seeking professional psychological help and intentions of seeking professional psychological help.
Hypothesis 2: A direct relationship exists between the social stigma of receiving psychological help and intention to seek professional psychological help.
Hypothesis 3: A direct relationship exists between self-stigma of seeking psychological help and intention to seek professional psychological help.

METHOD
Participants
A sample of male undergraduate and graduate students from the University of Botswana (*N*=236) participated in the study. The sample ranged in age from 16 to 41 years. Study participants were 97% African, 0.4% Caucasian, 0.4% others. The sample consisted of 92.3 % undergraduates and 7.7% graduates. 25.4% were born and raised in the city, 19.4% were raise in a town, whereas 53.8% were raised in a village.

Ethical Procedures

Treatment of research participants followed the ethical guidelines of the Botswana Ministry of Health and the Office of Research and Development at the University of Botswana. Specifically, ethical clearance for the research project was obtained from the Botswana Ministry of Health. Most of the data collection instruments have not previously been used in the context of Botswana, therefore, prior to a wide data collection, piloting was conducted to test the clarity of the data collection instruments as well as to verify data-collection requirements and logistical necessities. This process was important because it ensured that response errors were minimized prior to the actual data collection. Prior to participation, the research team members acquainted the participants with the study consent form and study instructions, by clearly describing the task and the amount of time needed to complete the questionnaire. Following the completion of the consent form, participants completed a battery of measures and demographic data. There were four items related to knowledge about professional psychological help seeking; that is, *Do you know what a psychologist does? Have you ever suffered from a psychological condition? Have you ever sought the help of a psychologist/ social-worker/ Psychiatrists? Have you ever enrolled in a psychology course?* The total amount of time required to complete the questionnaire was approximately 20 to 30 minutes.

Measures

Theory of Planned Behaviour Measures

In adherence to the guidelines for the construction of a questionnaire using TPB, four scales with demonstrated internal consistency were used to measure the four components of TPB. Specifically, the Attitudes Towards Professional Help Scale (ATSPH) measured the attitudes toward psychological help-seeking; the Social Stigma for Receiving Psychological Help Scale (SSRH) measured the participants' beliefs about specific individual/group perceptions of psychological help seeking. Perceived behaviour control or the person's belief that psychological help seeking leads to certain outcomes was measured using the Self-Stigma of Seeking Help Scale (SSOSH). Lastly, the Intentions to Seeking Counselling Inventory measured the participants' wilful intentions to seek psychological help (ISCI).

Description of the four scales and variables measured

(**Attitudes**) *Attitudes Towards Psychological Help Seeking*: The Attitudes Towards Professional Help Scale (Fisher & Farina, 1995) is a widely used 10 item scale, measuring an individual's attitudes towards seeking psychological help within a professional context. In this scale, participants are asked to rate their level of agreement with each item on a four-point Likert type scale (*1 = strongly disagree; 4 = strongly agree*). 5 items were positively worded and the remaining five items were negatively worded, with higher scores indicating a more positive attitude towards seeking professional psychological help. Fisher and Farina (1995) reported a coefficient alpha of $\alpha = .83$. For the current study the coefficient alpha was $\alpha = .60$

(**Intentions**) *Intentions to Seek Psychological Help*: The Intentions to Seeking Counselling Inventory (Cash, Begley, McCown, & Weise, 1975) is a 17-item scale constructed to measure help-seeking intentions in which individuals are asked about their likelihood to seek help for a range of problems, with higher scores indicating a higher level of help-seeking intentions. Research shows acceptable levels of reliability for this scale at Cronbach's alphas of between .70 and .86. Coefficient alpha in the current study was highly satisfactory (i.e., coefficient alpha was $\alpha = .90$)

(**Subjective norms**) *Social-Stigma of Receiving Psychological Help*: The Social Stigma for Receiving Psychological Help scale is a 5-item scale (Komiya, Good, & Sherrod, 2000) that measures an individual's perceived public stigma on seeking professional psychological help. The items on the

sub-scale were summed together to form an index measuring SSRPH yielding a continuous variable ranging from 1 (lowest perceived social stigma), to 20, (highest perceived social stigma). In the current study, internal consistency for this scale was α = .75.

(**Perceived behaviour control**) *Self-stigma of Seeking Help:* The Self-Stigma of Seeking Help Scale (Vogel, Wade, & Haake, 2006) is 10-item scale that measures an individual's perceptions about self as socially unacceptable when seeking professional psychological help. The items on the sub-scale were summed together to form an index measuring SSOSH with lower scores indicate higher levels of behaviour control. Coefficient alpha in the current study was α = .65**.**

Test for internal consistency of the four measures
Coefficient alpha (α) was used to assess the internal consistency of the measuring instruments (Clark & Watson, 1995). As recommended by Litwin (1995) and Nunnally and Bernstein (1994) a score of .70 or higher on the coefficient alpha was used as an indication of good reliability. The coefficient alpha for all the instruments varied from 0.60 to 0.90. The Coefficient alpha of Social Stigma for Receiving Psychological Help Scale) was (α= 0.75) and that of the Intentions of Seeking Counselling Inventory was (α= 0.90). The Coefficient alpha of Self-Stigma of Seeking Help Scale Help Scale was α= 0.65 and Attitudes towards Professional Help Scale was α= 0.60 were lower than the 0.70 guideline. While coefficient alphas between 0.60 and 0.70 are considered moderate in strength (Hair, Babin, Money, & Samouel, 2003; Nunnally & Bernstein, 1994), they can be acceptable for preliminary research (Hair, et al., 2003). As stated in the introduction of this paper, research investigating attitudes towards seeking psychological help and intentions of seeking psychological help is almost non-existent in Botswana. Therefore, the two scales with alphas of 0.60 and 0.65 were accepted with guidance of Hair *et al.* (2003) and Nunnally and Bernstein (1994)'s arguments.

RESULTS
Relationships between the predictor variables and the criterion variable
To test the hypotheses, a multiple regression analysis was conducted with attitude toward seeking professional psychological help (measured by the Attitudes *Towards Professional Help Scale*), social stigma of receiving help (as assessed by the *Social Stigma for Receiving Psychological Help Scale*), and self-stigma of seeking help as measured by the Self-Stigma of Seeking Help Scale as independent variables. The intention to seek psychological help as measured by the *Intentions of Seeking Counselling Inventory* was used as the dependent variable. The results of the multiple regression analysis showed that all three predictors significantly predicted intentions to seek psychological help, ($F = 9.67$ $p < .01$) and $R^2 = 0.15$. This indicated that 15.2% of the variance was explained by attitude toward seeking professional psychological help, social stigma of receiving help and self-stigma of seeking help. The Bivariate correlation of attitude toward seeking professional psychological help and intentions of seeking professional psychological help was positive as expected, and statistically significant ($p < .01$). The Bivariate correlation of attitude toward seeking professional psychological help and intentions of seeking professional psychological help was negative as expected, and statistically significant ($p < .01$). The Bivariate correlation of attitude toward seeking professional psychological help and intentions of seeking professional psychological help was negative as expected, and statistically significant ($p < .01$). Table 1 presents the results.

Table 1
The Bivariate and Partial Correlations of the Predictors Variables ISC

Predictors	Correlation between all predictor variables and ISC	Correlation between all predictor variables and ISC (controlling for all other predictors)
Attitudes Towards Psychological Help	.39**	.31**
Social Stigma of Receiving Psychological Help	-.16**	-.08
Self-Stigma of Seeking Help	-.19**	-.12*

Note: ISC = Intentions to seek counseling
**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

DISCUSSION

The objectives of the current study were twofold. That is, to investigate the applicability of the theory of planned behaviour in a non-Western population and to explore the role of psychosocial cognitive correlates of help-seeking intentions among men in Botswana. Multiple regression analysis revealed that attitudes towards seeking psychological help, self-stigma of seeking psychological help and social-stigma of receiving psychological help significantly predicted the intentions to seek psychological help. These findings can be interpreted to mean that the theory of planned behaviour can be applied in Botswana since 1) attitudes towards the behaviour, 2) subjective norms and 3) perceived behaviour control over the behaviour as measured by social stigma, self- stigma and attitudes towards seeking psychological help were shown to predict intentions to seek psychological help.

Furthermore, the findings revealed that among the Botswana's male university student population, attitudes towards seeking psychological help was positively correlated with intentions to seek psychological help, while both social-stigma and self-stigma were negatively correlated with intentions to seek psychological help. Generally, these findings suggest that because of these stigmas associated with seeking psychological help, many university aged men who might benefit from counselling and/or psychotherapy, and any other related services do not obtain them – and may not fully adhere to treatments from service providers.

These findings are consistent with previous research findings on the intentions to seek psychological help (e.g., Komiya et al., 2000; Vogel et al., 2005) which generally revealed that in response to emotional problems (Rickwood & Braithwaite, 1994) there is evidence of low help-seeking amongst men of all ages (Husaini, Moore, & Cain, 1994). In the US context, research has revealed that men from many non-majority backgrounds seek psychological help less frequently than men from the majority backgrounds (Chandra, Scott, Jaycox, Meredith, Tanielian, & Burnam, 1999). This suggests that culture and ethnicity may play a role in predicting intentions and in the actual behaviour of seeking psychological help. In another study, it was found that homosexual men sought out treatment at higher rates than heterosexual men (Cochran, Sullivan, & Mays, 2003), – suggesting a relationship between masculinity and help seeking. Researchers such as Schaub and Williams (2007) have also linked masculine gender role to men's help-seeking behaviours, men's perceptions of the counselling process, and men's preferences for therapeutic modalities. O'Neil et al. (1986) as cited in Blazina and

Watkins (1996), described gender role conflict as a psychological state where gender roles have negative consequences and impact on a person or others. They further explained that when men who hold traditional gender roles enter therapy and experience a power shift, they may be more likely to terminate therapy. The findings relating both stigmas to intentions to seek psychological help amongst men in Botswana are also concerning because research has revealed that generally, while men who adhere to traditional masculine ideology may be at risk for higher levels of depression, anxiety, anger, and substance abuse; they may react negatively to seeking psychological help (Blazina & Watkins, 1996). Furthermore, the tasks and behaviours associated with seeking help from a health professional – that is, recognizing and labelling an emotional problem, relying on others for help, and confessing a need for help – have been suggested to substantially conflict with expectations that men ought to be self-reliant, tough, and emotionally in control (Addis & Mahalik, 2003; Levant & Pollack, 1995; O'Neil, 2008). This means that for men, seeking help may represent a violation of each of these norms (Moller-Leimkuhler, 2002) – thus explaining the negative relationships between self-stigma, social stigma, and intentions to seek psychological help among the male population.

While recent developments suggests that the traditional systems which imparted attributes of stoicism, control, and invulnerability to masculinity, as well as suggested help-seeking as a threat to one's masculinity (Mosothwane, 2001) may no longer exist, the findings suggests that even educated men in Botswana still stigmatize help seeking. Kushner and Sher (1989) indicated that for some individuals, fearful responses to actual or imagined aspects of mental health services could serve as a barrier to seeking psychological help. This fear can result from fear of direct harm and fear for one's self- esteem (Raviv, Raviv, Propper, & Fink, 2003). In Pederson and Vogel's (2007) study, factors such as fearing rejection and fearing a loss of autonomy were shown to contribute to the psychosocial processes that influence men's help-seeking behaviours. Addis and Mahalik (2003) also explained that for men, both the effects of gender socialization and the process of constructing masculinity in certain help-seeking contexts could be moderated by some psychosocial processes which include "(a) perceptions of the normativeness of problems, (b) the perceived ego centrality of problems, (c) characteristics of potential helpers, (d) characteristics of the social groups to which individual men belong, and (e) perceived loss of control" (p10). In the case of the current study, we hypothesize that the fear might be associated with the loss of masculine self-worth as research suggests that the threat of diminished self-worth may inhibit help-seeking behaviour (Amato & Saunders, 1986).

Limitations of the Study
The results of the study need to be taken in light of some limitations. First, the actual behaviour of seeking psychological help was not measured. Therefore, to fully assess the utility of the theory of planned behaviour, the study would have benefited more from a design that incorporated measurement of actual help seeking behaviour. Such a design would have helped in fully testing the TPB model's assertion that most behaviours of social relevance are predictable from intentions (Fishbein, 1980).

This study also suffers from a lack of data on the sample's adherence to masculinity ideologies. The data would have been very vital in showing the existing variability of adherence to masculinity within the sample and to support the arguments that masculinity in Sub-Saharan Africa (Barker & Ricardo, 2005) has significantly changed. Such findings would have also supported or refuted the suggestions that psychological help-seeking cannot only be explained by gender role identity as suggested by Addis and Mahalik (2003).

Research Implications and Future Directions

The results of this study are important for those who are concerned with men's mental health and also have implications for practice and research on counselling and the practice of psychology in Botswana. In particular, findings from some studies have indicated men seek help less often than women and that the correlates of help-seeking differ between the sexes (Moller-Leimkhuhler, 2002). In this study, after controlling for psychological symptoms Moller-Leimkhuhler (2002) revealed that gender exhibited a direct effect on help-seeking; such that those male adolescents experiencing high levels of distress did not seek help from their social networks or from mental health professionals. This suggests that more research is needed in context such as Botswana to understand help seeking patterns between and within genders.

In addition, to be able to fully understand of how social norms and ideologies about masculinity relate to men's use of health services (Addis & Mahalik, 2003) and develop informed interventions, it is necessary to identify those factors that influence men's help seeking behaviours. For example, some research suggests that as compared to practical factors such as financial costs, time factors when making the decision to seek professional help, the psychological components such as attitudes and intentions have more weight (Hornblow, Bushnel, Wells, Joyce, & Oakley-Brown, 1990). In line with the findings from these past studies, and the findings from the current study, researchers in Botswana need to conduct further research to establish if the same situation exists in Botswana.

Given the multidimensionality and complexity of the professional psychological help-seeking; in future, mental health services research should continue to incorporate the TPB theory and specifically allow for the isolation of mediating and/or moderating factors. Overall, continued investigations of the different types of stigma in relation to help seeking is also important for researchers and practitioners to understand why individuals with significant life problems may be hesitant to seek professional help (Vogel, Wade, & Haake, 2006).

Furthermore, it is a fact that the Botswana society continues to progress and/or modernize. This necessitates for greater understanding of how such changes may influence men's help seeking intentions and behaviours. These societal changes also call for longitudinally designed research that examines the long-term dynamics of the suggested inevitable developmental changes. In addition, given the infancy of the psychology discipline in Botswana, the field and its practitioners may also benefit more from qualitative research outputs. For instance, explorative studies on attitudes formation among this group may also be vital in informing programs designed for behavioural and affective attitudinal change among the university male population and even other Batswana men.

The American Psychological Association's (2003; 2006) advises that practitioners should strive to use "cultural lenses" as a central focus of professional behaviour. Empirical research has also long revealed that social and cultural factors influence the care-seeking process (Mechanic, 1966). Therefore, future empirical research designs could also incorporate culture dimensions (e.g., gender role orientation, and/or collectivistic cultural orientation) to examine their impact on help seeking processes amongst men. Finally, and in light of the findings from the current study, it is suggested that mental health interventions in Botswana include programs that improve men's attitudes towards psychological services and reduce men's experiences of stigma associated with seeking professional psychological help.

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