

**STUDENTS' ATTITUDES TOWARDS COUNSELLING:
A CROSS-CULTURAL STUDY**

by

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This thesis employs the editorial style of the American Psychological Association (APA) as detailed in the Publication Manual of the American Psychological Association (6th edition).

However, the thesis uses British English spelling, except when direct quotes are used, which may use American English spelling.

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ABSTRACT

The aim of this study was to explore students' attitudes towards the utilisation of counselling services. The influence of stigma (public and self-stigma), anticipated risk, and utility associated with disclosing personal information on students' attitude towards counselling were investigated. Furthermore, the role of gender and culture in students' attitude towards counselling was also explored. Social psychological approaches were employed to explain attitudes and the formation of attitudes. A mixed methods design was used in this exploratory study. Quantitative data were gathered using a structured self-report questionnaire, which consisted of pre-existing scales. Qualitative data were collected by using the nominal group technique and semi-structured individual interviews. Participants consisted of third-year male and female students from the black Sesotho-/Setswana-speaking and Afrikaans-speaking cultural groups, with and without counselling experiences. The quantitative sample consisted of 211 participants and the qualitative sample of 22.

Various statistically significant differences were found regarding students' attitudes towards counselling across gender, culture groups and counselling experience. Furthermore, it was found that anticipated utility associated with disclosing personal information and self-stigma provides significant unique explanations for the variance in students' attitude towards counselling,

Among the themes that emerged from the thematic analysis, secrecy was prominent. Two contrasting themes, namely being in counselling signifies weakness (or being flawed) versus being courageous, also emerged from the discussions. Very specific gender dynamics were observed: Social expectations prevent men from seeking help, and male students who have been to counselling are considered to be not strong enough or man enough. Both the cultural groups confirmed the existence of social norms that would make it difficult for students, particularly male students, to seek counselling.

Key words: attitudes towards counselling, black Sesotho-/Setswana-speaking students, white Afrikaans-speaking students, gender, culture, public stigma, self-stigma, anticipated risk, anticipated utility, counselling experience.

OPSOMMING

Die doel van hierdie studie was om studente se houding oor die gebruikmaking van beradingsdienste te ondersoek. Die invloed van stigma (openbare en selfstigma), moontlike risiko en nuttigheid geassosieer met die openbaarmaking van persoonlike inligting op studente se ingesteldheid teenoor berading is ondersoek. Verder is die rol van geslag en kultuur in studente se ingesteldheid teenoor berading ook ondersoek. Sosiaal-sielkundige benaderings is gebruik om ingesteldhede en die vorming van ingesteldhede te verduidelik. 'n Gemengdemetode-ontwerp is in hierdie ondersoekende studie gebruik. Kwantitatiewe data is versamel deur van 'n gestruktureerde selfrapporteringsvraelys, bestaande uit voorafbepaalde skale, gebruik te maak. Kwalitatiewe data is ingesamel deur van die nominale groeptegniek en semi-gestruktureerde individuele onderhoude gebruik te maak. Deelnemers het bestaan uit derdejaar- manlike en vroulike studente vanuit die swart Sotho-/Setswanasprekende en Afrikaanssprekende kultuurgroepe, met en sonder beradingservaring. Die kwantitatiewe steekproef het uit 211 deelnemers bestaan en die kwalitatiewe monster uit 22.

Verskeie statisties betekenisvolle verskille wat betref studente se ingesteldheid teenoor berading tussen geslag, kultuurgroepe en beradingservaring is gevind. Verder is bevind dat moontlike nuttigheid geassosieer met die bekendmaking van persoonlike inligting en selfstigma betekenisvolle, unieke verduidelikings vir die afwyking in studente se ingesteldheid teenoor berading bied.

Onder die temas wat uit die tematiese analise voortgespruit het, was geheimhouding prominent. Twee kontrasterende temas, naamlik dat die ontvang vang berading swakheid openbaar (of op tekortkominge dui) teenoor om dapper te wees, het ook in die besprekings na vore gekom. Baie spesifieke geslagsdinamikas is waargeneem: Sosiale verwagtinge verhoed mans om hulp te soek, en manlike studente wat berading ontvang het, word beskou as nie sterk genoeg of nie mans genoeg nie. Albei die kulturele groepe het die bestaan van sosiale norme wat dit vir studente, veral manstudente, moeilik sou maak om berading te ondergaan, bevestig.

Sleutelwoorde: houding teenoor berading, swart Sotho-/Setswanasprekende studente, wit Afrikaanssprekende studente, geslag, kultuur, openbare stigma, selfstigma, moontlike risiko, moontlike nuttigheid, beradingservaring.

CHAPTER 1

CONTEXT OF THE STUDY

Research has indicated that mental health problems are common among students at higher education institutions (Bowman & Payne, 2011; Flisher, De Beer, & Bokhorst, 2002; Sennet, Finchilescu, Gibson, & Strauss, 2003; Young, 2009). However, students at institutions of higher education tend to delay seeking counselling (Young, 2009). Therefore, the focus of this study was to explore students' attitudes towards counselling, particularly those of black Sesotho/Setswana-speaking students and white Afrikaans-speaking students at the University of the Free State, Bloemfontein Campus.

The focus of this chapter is to orientate the reader to the study. The chapter also serves as an introduction to the research context and rationale, theoretical perspectives underpinning the study, as well as the design and methods utilised in the study.

1.1 Context and rationale of the research

There is an increase in the prevalence of people suffering from mental disorders and in need of counselling. The World Health Organisation (WHO, 2001) declared that, by 2020, depression would be the second-highest cause of the global burden of disease around the world. Major depressive disorder can be fatal, as individuals suffering from depression tend to have suicidal ideation and may act on the suicidal thoughts if the depression is not treated (Gollust, Eisenberg, & Golberstein, 2008; Kisch, Leino, & Silverman, 2005). In South Africa, the prevalence of depression, anxiety and somatoform disorders was indicated to be 16.5% among the adult population in 2006/2007 (Lund *et al.*, 2008). Counselling is considered to be effective in supporting and treating individuals suffering from depression (Hansson, Chotai, & Bodlund, 2012; Proudfoot *et al.*, 2003). Counselling for people who experience sub-threshold depression can reduce the risk of developing full-blown depression (Smit *et al.*, 2006).

Studies conducted at various South African universities have indicated that university students also experience various psychologically related challenges (Flisher *et al.*, 2002; Sennet *et al.*,

2003; Young, 2009). University can be a stressful environment to students due to socio-economic factors, adjusting to university culture and the pressure to perform (Flisher *et al.*, 2002, Sennet *et al.*, 2003; Young, 2009). The stressors that students experience may escalate to a level where stressors lead to poor mental health (Young, 2009). A study conducted at a South African university have indicated that depression, anxiety and trauma constituted 26.6% of the problems presented to counsellors at campus-based counselling service centres (Bowman & Payne, 2011). The student population is important to a country's development, as they provide a country with prospective employees, intellectuals and leaders. It is thus necessary for universities in South Africa to provide psychological services to registered students in an attempt to care and nurture students. Services rendered to students at student counselling and development centres include career counselling, study techniques and personal counselling.

Students' attitudes towards counselling play a pivotal role in determining whether students would seek counselling or not when the need arises. It is thus important to explore students' attitudes towards counselling. In South Africa, little research has been conducted on people's attitudes towards counselling. Some authors suggest that the South African population is hesitant to consult psychologists (Kagan, 2006; Taubes & Ancer, 2008). The hesitancy or caution the South African population displays may be attributed to stigma and myths associated with consulting a psychologist, the belief that others will think that you are 'crazy' (Kagan, 2006). Young (2009) indicates that some students, particularly black students, delay seeking psychological help and that black students report higher levels of distress (when compared to white students) by the time they report to a student counselling centre.

Therefore, the aim of this study was to explore students' attitudes towards the utilisation of counselling services. The influence of stigma (public and self-stigma), as well as anticipated risk and utility associated with disclosing personal information on students' attitudes towards counselling was explored. Furthermore, the role of gender and culture (operationalised in terms of race and language) on students' attitudes towards counselling was investigated.

The following research questions were formulated:

1. What attitudes do students (with and without counselling experience) have towards counselling?

2. Are there any differences in students' attitudes towards counselling across different genders (male and female), cultural groups (Sesotho/Setswana- and Afrikaans-speaking) and counselling experiences (with and without current/previous counselling experiences)?

3. How well do stigma (public and self-stigma), anticipated risk and utility associated with disclosing personal information predict students' attitudes towards counselling? In other words, how much variance in student attitude can be explained by stigma (public and self-stigma), anticipated risk and utility associated with disclosing personal information?

1.2 Theoretical perspectives underpinning the study

In this study, attitudes are explained using social psychological perspectives. Social psychological approaches are employed to explore the formation of attitudes. According to the social psychological theory, an attitude is an evaluative response that is made up of affective, behavioural and cognitive components (Breckler, Olson, & Wiggins, 2006). A person may have a positive or negative attitude towards an object. The four main approaches that explain attitude formation are the learning approach, cognitive approach, motivational/decision-making approach and the interdependence approach (Taylor, Peplau, & Sears, 2006).

Negative attitudes towards a particular group or particular characteristic can bring about stigma. Blaine (2000) defines stigma as the perception of being flawed because of a personal or physical characteristic that is regarded as socially unacceptable. Stigma entails three components, namely stereotype, prejudice and discrimination. Corrigan (2004) has identified two types of stigma, namely public stigma and self-stigma. According to him, public stigma is "what a naive public does to the stigmatised group when they endorse the prejudice about that group" (Corrigan, 2004, p. 616). Self-stigma "is what members of a stigmatised group may do to themselves if they internalise the public stigma" (Corrigan, 2004, p. 616). Public stigma associated with mental health issues has been linked to negative attitudes about seeking psychological services (Komiya, Good, & Sherrod, 2000). Vogel, Wade and Hackler (2007) have found that self-stigma predicts negative attitudes towards seeking psychological help and willingness to seek counselling.

Anticipated risk associated with disclosing personal information refers to subjective risks experienced by an individual during counselling. Subjective risks include rejection, betrayal and causing discomfort to the psychologist (Omarzu, 2000). Anticipated utility refers to the individual's subjective perceived value of the desired outcome (Omarzu, 2000). Anticipated risk and utility associated with disclosing personal information are important in the decision to seek professional psychological help (Farber, 2003; Vogel, Wester, Wei, & Boysen, 2005). Although individuals are likely to experience uncomfortable emotions during counselling, they are also likely to experience a sense of relief from physical and emotional tension (Farber, 2003; Farber, Berano, & Capobianco, 2004).

The concepts *culture* and *gender* are discussed as factors that influence attitudes towards counselling. Culture informs how individuals perceive the world around them and, in turn, how individuals interact within the world. Culture is a factor that may influence students' decision to seek counselling, while culture influences attitudes towards counselling (Duncan & Johnson, 2007; Loya, Reddy, & Hinshaw, 2010; Phelps, Taylor, & Gerard, 2001). According to Chen and Mak (2008), individuals exposed to Western norms and practices tend to have a more positive attitude towards counselling than individuals do who are not exposed to Western norms and practices.

The role that gender plays in attitudes towards counselling is also important, as gender is used to classify males and females. Specific roles, rights, duties and behaviours are attached to each gender as a culture considers appropriate (Nanda & Warms, 2007). The roles, duties and behaviours ascribed to each gender play a significant role in a decision to seek psychological help. In some perspectives, a man is considered strong, independent and in control. This has led to men seeking less often than women psychological help (Courtenay, 2000a; Smith, Tran, & Thompson, 2008).

1.3 Overview of the research design and methods

An explorative study (Durrheim, 2006) was conducted to gain an understanding of students' attitudes regarding counselling. A mixed methods design (Tashakkori & Creswell, 2007) was employed in this study. In mixed methods research, both quantitative and qualitative methods are

used in a single study to collect and analyse data, integrate findings and draw inferences (Tashakkori & Creswell, 2007). A mixed methods design provides potential to add more depth, breadth and value to findings and can add insights that might be missed when using a mono-method approach (Creswell & Plano Clark, 2011).

The population group of this study consisted of South African third-year students enrolled at the University of the Free State, Bloemfontein Campus. The participants in this study included black Sesotho/Setswana-speaking students and white Afrikaans-speaking students, with and without current/previous counselling experience. Students with current/previous counselling experience should have exclusively received counselling from the student counselling and development centre at the University of the Free State.

The quantitative component of the study aimed to provide a general understanding of what attitudes students (with and without counselling experience) have towards counselling, as well as differences in students' attitudes towards counselling across different genders, cultural groups and counselling experience. The quantitative component also aimed to determine how well stigma (public and self-stigma), anticipated risk and utility associated with disclosing personal information explain students' attitudes towards counselling. The researcher employed a self-administered questionnaire for the quantitative component of the research. The questionnaire was divided into three parts, an informed consent form, biographical questionnaire and a battery of existing scales. The data collected were analysed using multivariate analysis of variance (MANOVA) and multiple regression analysis.

The qualitative component aimed to add in-depth understanding of students' attitudes regarding counselling. Qualitative data were gathered through the use of the nominal group technique and semi-structured interviews. The aim was to gather in-depth information regarding the attitudes of students with and without current/previous counselling experience. Thematic analysis was used to analyse the qualitative data.

1.4 Delineation of chapters

The thesis is divided into seven chapters.

Chapter 1 served as an introduction to the study. It provided a short description of the prevalence of mental illness and the role of psychological services in alleviating psychological disorders. It outlined the aim of the research and provided the research questions to be investigated in this research study. It introduced the social psychological grounding of the study as well as outlined the research design and methods.

Chapter 2 will focus on attitudes: the definition and structure of attitudes, the function of attitudes and the social psychological approaches to attitude formation. The social psychological approaches that will be discussed include the learning approach, cognitive approach, motivational/decision-making approach and interdependence approach.

The focus of Chapter 3 is on attitudes towards counselling, with specific reference to counselling and components of attitudes towards counselling, namely stigma (public stigma and self-stigma) and anticipated risk and utility associated with disclosing personal information.

Chapter 4 is divided into two sections. The first explores the concept of culture and the second section focuses on gender. The first section focuses on the definition of the concept of culture, components of culture and delineates differences between ethnicity, race, culture and subculture. This section will also highlight studies that have explored the influence of culture on attitudes towards counselling. The second section will focus on the concept of gender, gender role and socialisation. Lastly, the section will discuss previous research that has examined the influence of gender on attitudes towards counselling.

In Chapter 5, the research rationale, purpose and aim of the research are discussed. The research design and approach used in this study will be further elaborated. This chapter also includes a description of the research participants, sampling procedures, procedures for data collection and analysis, ethical considerations and issues of trustworthiness.

Chapter 6 reports on the research findings of the quantitative study followed by a presentation of the qualitative research findings. The chapter concludes with an integrated discussion of the quantitative and qualitative findings.

Chapter 7 presents a summary of the key findings of the study. Lastly, a presentation of limitations and recommendations will be made for future research.

CHAPTER 2

SOCIAL PSYCHOLOGICAL PERSPECTIVES ON ATTITUDE

In this chapter, the focus will be on attitudes, particularly the definition and structure of attitudes, functions of attitudes and social psychology perspectives of attitude formation. A social psychological perspective relating to the learning approach, cognitive approach, motivational/decision-making approach and interdependence approach are discussed in this chapter.

2.1 The definition and structure of attitudes

An attitude is an individual's evaluation of a target object (Wood, 2000). An attitude always has a target; it is directed towards something. People have attitudes towards a variety of targets, ranging from ideologies to controversial issues, or from individuals to groups (Breckler *et al.*, 2006). A person may have a negative or positive attitude towards an object. An attitude is an evaluative response that is based on affective (feelings and emotions), cognitive (beliefs or knowledge), and behavioural information or predispositions to act (Breckler *et al.*, 2006; Nairne, 2003). The three components of attitudes do not always concur with each other. A person's affect or cognitions about an object does not necessarily predict a person's behaviour (Bernstein, Penner, Clarke-Stewart, & Roy, 2006; Myers, 2008). Other factors such as social pressure (perceived subjective norms) and perceived behavioural control, which will be discussed later under a theory of planned action, also contribute to determining behaviour. The subsequent paragraphs will discuss the components of attitude in detail.

2.1.1 Affective component

Emotions regarding an object constitute the affective component of an attitude (Morris & Maisto, 2002). There are positive or negative feelings associated with an object and a positive or negative attitude towards an object is formed when an individual consistently experiences pleasurable or unpleasant emotions (Breckler *et al.*, 2006; Taylor *et al.*, 2006). Thus, when an object or event directly causes a positive or negative affect, a person's attitude is influenced in the corresponding positive or negative direction (Breckler *et al.*, 2006).

There is another way in which feelings can be linked to an object and influence attitudes, known as evaluative conditioning. According to De Houwer (2007), evaluative conditioning is a process where a neutral stimulus (conditioned stimulus) can become positive by pairing it with another, liked stimulus (unconditioned stimulus). In an evaluative conditioning procedure, the pairing of an affectively loaded unconditioned stimulus with a neutral, conditioned stimulus results in a change of the affective value of the conditioned stimulus. A conditioned stimulus attains an affective quality of an affectively loaded unconditioned stimulus (Mitchell, Anderson, & Lovibond, 2003; Walther, Nagengast, & Trasselli, 2005). Evaluative conditioning is a common source of feelings towards objects, settings and people (Breckler *et al.*, 2006). For instance, a person may develop negative emotions towards people with mental illness after an encounter with a psychotic patient who evoked feelings of fear and anxiety.

2.1.2 Cognitive component

The cognitive component of an attitude is composed of a person's thoughts, facts, knowledge and beliefs about a particular object (Breckler *et al.*, 2006; Nairne, 2003). People have many complex thoughts and beliefs regarding attitude objects (Taylor *et al.*, 2006). Some of the beliefs tend to be of great importance to an individual and it thus becomes difficult to persuade an individual to change the beliefs, while other beliefs are not significantly important to an individual and are open to persuasion (Taylor *et al.*, 2006). For example, if an African person's core belief regarding the aetiology of mental illness stems from a traditional African paradigm, it will be difficult to persuade a person to seek Western treatment for mental illness and to adhere to treatment, if treatment is sought.

In most instances, attitudes are cognitively complex, although they tend to be easy to evaluate (Taylor *et al.*, 2006). The process of arriving at a positive or negative attitude towards an object may be complex, as it includes beliefs, knowledge and facts about the attitude object. However, when an evaluation of an object is made, it appears simple as it is based on an overall assessment of the cognitive components; thus, the evaluation of an attitude object tends to be consistent.

2.1.3 Behavioural component

The behavioural component of an attitude consists of an individual's propensity to behave in a particular manner towards an object (Nairne, 2003). The behavioural component of an attitude is described as a predisposition because of the relationship that exists between attitudes and behaviour. In some instances, an individual's behaviour is controlled by attitudes; however, in other instances it is not (Nairne, 2003). Behaviour also has the capacity to influence change in affective and cognitive components of attitudes (Huebner, Neilands, Rebchook, & Kegeles, 2011). At times, attitudes may be determined by behaviour, particularly when an attitude towards the object is not well developed and strong. The self-perception theory (which will be elaborated upon later in the chapter) illustrates a process of how behaviour may influence an attitude towards an object (Bernstein *et al.*, 2006).

The strength of an attitude is crucial in predicting behaviour. A strong attitude tends to predict behaviour better than a weak attitude does, as people with strong attitudes tend to hold extreme positions (Ajzen, 2001). Three features can indicate the strength of an attitude. The first feature that indicates the strength of an attitude is the value and/or importance the person attaches to the attitude (Visser & Mirable, 2004). Accessibility is a second feature of strong attitudes. It refers to the ease with which the individual is able to activate an attitude and bring it to consciousness (Baron, Byrne, & Branscombe, 2006). Highly accessible attitudes come to mind very quickly and spontaneously when an individual encounters an object (Breckler *et al.*, 2006). Direct experience is a third feature of strong attitudes; an individual has direct experience with the attitude object, as opposed to indirect information obtained from others (Breckler *et al.*, 2006).

2.1.4 Section summary

An attitude is an individual's evaluation of an object, and the structure of an attitude has three main components, namely affective, cognitive and behavioural components. The formation of an attitude towards an object may be based on either one of the components, or on two or all three components. When an individual's formation of attitude is based on the affective component, feelings and emotions towards an object are evaluated. The cognitive component is based on the evaluation of an individual's thoughts, facts and beliefs. The behavioural component is the individual's predisposition to behave in a particular manner towards an object.

2.2 Functions of attitudes

Attitudes make it possible to access relevant information and knowledge related to an object quickly. The functions that attitudes serve for an individual are critical in the maintaining or changing of attitudes (Katz, 1960). Attitudes towards an object can be used to serve more than one function simultaneously (Griffiths & Pedersen, 2009). The four major functions of attitudes, namely the knowledge function, ego-defensive function, value-expression function and adjustment/utilitarian function, are discussed in the following sub-headings, followed by a summary of the functions of attitudes.

2.2.1 Knowledge/object appraisal function

People use attitudes in everyday life in order to make decisions regarding the objects they encounter. People attain knowledge and beliefs to satisfy various needs, as well as to give meaning and structure to what would otherwise be an unstructured, chaotic world. Attitudes provide standards and frames of reference (Katz, 1960). Attitudes serve a knowledge function by aiding in the interpretation of new stimuli and enable rapid response to the new stimuli (Baron *et al.*, 2006). The knowledge function is also known as the object appraisal function (Breckler *et al.*, 2006). Attitudes assist people to understand and make sense of the world, and can be rapidly retrieved to assess whether an object is safe or threatening (Breckler *et al.*, 2006). The object appraisal function is the most basic function of attitudes and assists people to evaluate a situation or object rapidly.

2.2.2 Ego-defensive function

Some attitudes serve a more specific function, such as the ego-defensive function. Attitudes protect individuals from unwanted and unflattering views of themselves and the callous realities in the external world. It also serves to enhance the self-image (Baron *et al.*, 2006; Katz, 1960). A person can project unacceptable aspects of themselves onto others, which may lead to negative attitudes towards others (Griffiths & Pederson, 2009). Thus, a person will perceive others negatively and, in return, maintain a positive self-image. For example, people may claim to have a more positive attitude towards issues such as same-sex marriages or counselling than they actually

do, with a negative attitude towards others who do not hold this view. This is done to defend the ego (Baron *et al.*, 2006).

2.2.3 Value-expression function

Attitudes can serve an identity or value-expression function, as it permits the expression of a person's central values and beliefs (Baron *et al.*, 2006; Breckler *et al.*, 2006). Individuals derive pleasure from expressing attitudes that are their personal values and are important to their concepts of self (Katz, 1960). The value-expression function focuses on the importance of self-expression and self-development, which is central to the theory of the ego (Katz, 1960). The value-expression function serves a symbolic function, as it symbolises support and commitment to a particular group or ideology. The value-expression function also serves to identify and distinctly separate different groups, such as belonging to a particular political group, and serves to symbolise support and commitment to that particular ideology.

2.2.4 Adjustment/utilitarian function

The adjustment/utilitarian function essentially focuses on the fact that individuals strive to maximise their rewards and minimise penalties in their environment (Highhouse, Thornbury, & Little, 2007; Katz, 1960). Attitudes that serve a utilitarian function assist individuals to distinguish objects, which bring pleasure from those who bring pain (Carpenter, 2012). Attitudes acquired to serve the adjustment function are either a means to reaching the desired goal or avoiding undesirable ones or affective associations based upon experiences in attaining motive satisfaction. The attitude of a worker towards a political party, which will advance his economic situation, is an example of a utilitarian attitude (Katz, 1960). The dynamics of attitude formation with respect to the adjustment function are dependent upon the individual's present or past perceptions of the utility of the object (Katz, 1960).

2.2.5 Section summary

The functions of attitude assist individuals to adapt to the environment. The major functions discussed in the above section are the knowledge/object appraisal function, ego-defensive function, value expressive function, and the adjustment/utilitarian function. The functions were discussed and their relevance to individuals highlighted.

2.3 Social psychological approaches to attitude formation

The theories of attitude formation will be discussed under four main approaches. In the body of literature on attitudes, there is no uniformity in the grouping of the approaches and there are debates as to which theory fits in what approach. In this study, the theories are grouped into four broad categories, namely the learning approach, cognitive approach, the motivational/decision-making approach and the interdependence approach. The theories discussed under each approach relate to the overarching fundamental nature of the approach. In the following paragraphs, the specific theories that constitute the approaches will be discussed.

2.3.1 The learning approach

The learning approach essentially focuses on how individuals learn facts and information relating to objects from their environment. According to the learning approach, attitudes are acquired in the same manner as other habits. People learn facts and information relating to various objects and values from their surroundings. They also acquire values and emotions associated with the facts and information. The formation of attitudes occurs through the learning process (Morris & Maisto, 2002).

According to the learning approach, people are predominantly passive in the process of attitude formation and change. When people are exposed to stimuli, they learn through classical conditioning, operant conditioning or observational learning (Baron *et al.*, 2006). The three learning theories are discussed in the following sections.

a) Classical conditioning

The central premise of Pavlov's theory on classic conditioning is learning by association (Myers, 2008). According to him, a person learns to produce behaviour by associating it with a specific stimulus. Classical conditioning is discussed under the learning approach, because learning is pivotal in the process that occurs during conditioning. In Pavlov's experiments, dogs learned to associate a ringing bell with food. Each time before the dogs were given food a bell was sounded. This was repeated a number of times. The bell was then sounded without food being given and the dogs still salivated – the bell changed from a neutral stimulus and became a conditioned stimulus. The response to the bell (salivation) became a conditioned response (Berryman, Ockleford, Howells, Hargreaves, & Wildbur, 2006). The conditioned stimulus (bell) is associated with an unconditioned stimulus (food). A negative attitude towards people with mental illnesses can be formed after a childhood experience of a mentally ill uncle who was mostly aggressive towards family members. Mental illness (conditioned stimulus) is associated with anxiety from childhood experience of uncle (conditioned response) and the result is a negative attitude towards people with mental illness.

b) Operant conditioning

Operant behaviour is learned behaviour designed to respond by operating on the environment to produce something desired or to avoid punishment. The behaviours are not automatic reflexes caused by biologically important stimuli. The learning is operant or instrumental conditioning (Morris & Maisto, 2002).

Thorndike has developed a puzzle box from which a cat had to escape by pulling a string. In his experiments, the cats would take less time to escape from the box over a series of trials (Swartz, De la Rey, Duncan, & Townsend, 2011). Thorndike explains the behaviour as the formation of association between the stimulus of the box and the response that is instrumental to the escape (Berryman *et al.*, 2006). Thorndike's main contribution was his law of effect, which suggests that behaviour that produces desirable outcomes will be those that are repeated. Those that do not produce desirable outcomes will not be repeated (Berryman *et al.*, 2006)

Operant conditioning was coined by Skinner. He invented the Skinner box, which he used in experiments where a rat or pigeon would have to press a lever to receive a reward (food) (Berryman *et al.*, 2006). In operant conditioning, behaviour is encouraged by rewarding the behaviour (positive reinforcement), and is discouraged through punishment (Swartz *et al.*, 2011). Behaviours that apply to operant conditioning are non-reflexive, such as training dogs or disciplining children.

The conditioning stimulus comes after the behaviour in operant conditioning, as opposed to before the stimulus, as in classic conditioning (Swartz *et al.*, 2011). Skinner's findings indicate that positive reinforcement is more useful in shaping behaviour than punishment. He asserts that punishment leads to increased stress, which results in abandoning the behaviour, or behaving in an unpredictable manner (Berryman *et al.*, 2006). Operant conditioning can be used, for example, to encourage students' involvement with people who have mental illness. Students may be rewarded with extra credits (positive reinforcement) for involvement in projects that involve contact with individuals suffering from mental illness.

c) Observational learning

Observational learning is defined as learning which occurs by observing other people and then imitating their behaviour. Adults and peers model appropriate behaviour in various settings for children. Imitation or modelling refers to social learning where an individual learns constructs and/or behaviour by observing others and imitating or modelling the observed behaviour (Baron *et al.*, 2006).

Bandura conducted experiments among nursery school children. The children were divided into two groups and both groups watched a video in which an adult modelled aggressive behaviour. The adult would hit, kick, and throw around a large inflated Bobo doll for 10 minutes (Morris & Maisto, 2002). The two groups had different endings. The one group saw the adult being rewarded with sweets and cold drinks, while the other group saw the adult being scolded for the behaviour (Morris & Maisto, 2002). Bandura's experiment with a Bobo doll among nursery school children showed that many children imitated the adult's aggressive behaviour towards the Bobo doll, particularly when there was a reward for the aggressive behaviour (Swartz *et al.*, 2011).

Observational learning appears to be very effective in the socialisation process where children learn which behaviours are (or are not) appropriate in their culture (Bernstein *et al.*, 2006). From a young age, individuals learn how to behave towards others. For instance, a parent who speaks negatively and degrades a person who is seeking counselling in the presence of a child, cultivates a negative attitude towards counselling.

2.3.3 The cognitive approach

The cognitive approach investigates the process of attitude change by understanding the cognitive processes that occur within individuals (Breckler *et al.*, 2006). According to the cognitive approach, people apply themselves cognitively to the environment and do not only respond to the environment (Breckler *et al.*, 2006). Individuals perceive, group and categorise information within the environment. The cognitive approach denies that individuals function on a behavioural basis and only respond to the environment without applying themselves cognitively. Five examples of cognitive approaches to attitude formation will now be discussed.

a) Cognitive response theory

According to the cognitive response theory, people react differently to a particular part of a message. People might react with a positive or negative cognitive response, which influences a person's decision to either support or not support the advocated position (Breckler *et al.*, 2006).

According to the cognitive response theory, people actively process information and produce cognitive responses to messages, rather than being passive recipients of the messages they are exposed to (Taylor *et al.*, 2006). Attitude change relies on the strength of the argument (Breckler *et al.*, 2006). When the message contains strong arguments, it usually elicits positive thoughts about the communicator and the message, and thus leads to compelling reasons to adopt the advocated position (Breckler *et al.*, 2006). Strong arguments tend to produce strong attitudes, which are consistent with the advocated position (Breckler *et al.*, 2006). For instance, students may be motivated to seek counselling at the student counselling and development centre through a presentation containing strong arguments regarding the effectiveness of counselling and how counselling could assist them to cope with various issues and succeed at their studies. This could produce positive attitudes towards counselling.

Resistance to a message will follow if a message stimulates strong and effective counter-arguing (Taylor *et al.*, 2006). Conversely, persuasion can be generated by interfering with the counter-arguing process. If a person cannot think of a counter-argument while listening to a message, a person is more likely to accept the message (Taylor *et al.*, 2006).

b) Cognitive dissonance theory

According to Myers (2008), people experience tension or cognitive dissonance when they become aware that their attitudes and behaviour do not coincide. The inconsistency that occurs between attitudes, beliefs and behaviour creates psychological tension (cognitive dissonance), which motivates the individual to reduce the tension and have consistency among the elements (Bernstein *et al.*, 2006). Cognitive dissonance is a motivational state that occurs when behaviour is inconsistent with attitudes. The cognitive dissonance theory proposed by Festinger hypothesises that people seek consistency between their attitudes and behaviour in order to reduce the dissonance (Myers, 2008). Cognitive dissonance can be reduced or removed in various ways.

In the early years of cognitive dissonance research, the focus was on three mechanisms of achieving consonance. Firstly, an individual may change either attitudes or behaviour (Berryman *et al.*, 2006; Chatzisarantis, Hagger, & Wang, 2008; Myers, 2008). Secondly, an individual may gain new information that will support the behaviour or the attitudes and that will reduce the cognitive dissonance (Berryman *et al.*, 2006; Chatzisarantis *et al.*, 2008). Thirdly, an individual may engage in trivialisation and decide that the inconsistency between the attitude and behaviour is not important (Berryman *et al.*, 2006; Chatzisarantis *et al.*, 2008).

The above mechanisms of reducing cognitive dissonance can be viewed as direct. Later research has indicated that dissonance can also be reduced through indirect means. The basic attitude-behaviour discrepancy is left the same, but the psychological tension or unpleasant feeling created by the dissonance can be reduced (Baron *et al.*, 2006). Indirect methods of reducing cognitive dissonance are most likely to be employed when important attitudes or beliefs are held. In this condition, the focus is not on reducing the cognitive dissonance gap between the attitude and behaviour, but rather on the person feeling good about him/herself despite the gap (Baron *et al.*, 2006).

Cognitive dissonance threatens positive self-evaluations, which can be restored by self-affirmation (Baron *et al.*, 2006). For example, a student encourages others to seek psychological help when they are in need of it and supports them. However, one day while having lunch his friends they are joined by two other students who start discussing help seeking behaviour. The acquaintances refer to help seeking behaviour as a sign of weakness and discourage it. The student chooses not to confront the two acquaintances about their attitude towards counselling and uses self-affirmation (considers the efforts he makes in other students' lives by encouraging them to seek counselling) to reduce the cognitive dissonance of keeping quiet and not expressing his views.

c) The attribution theory

The attribution theory is a social perception theory that explains how individuals perceive the behaviour of others and, at times, how they perceive their own behaviour (Myers, 2008). Literature on attribution makes use of two main players: actors and observers. Actors refer to individuals who produce the behaviour and observers are individuals who perceive the behaviour and make attributions about the attitudes, beliefs and intentions of the actor (Andrews, 2001). Two terms are used to refer to attribution, internal attribution and external attribution (Morris & Maisto, 2002). Internal attribution refers to attributing the behaviour of an individual to a personality trait or disposition (Nairne, 2003). External attribution occurs when the cause of an individual's behaviour is attributed to an external event or situation in the environment (Nairne, 2003).

People are generally logical in their explanation of behaviour. However, at times, people are prone to cognitive bias. There are two types of attribution bias, namely the fundamental attribution error and the ultimate attribution error. The fundamental attribution error refers to overestimating the influence of personality characteristics and underestimates the influence of a situation (Myers, 2008). For example, a student's quiet behaviour in class is attributed to a personality characteristic (shy), rather than considering it may be because she does not find the class interesting.

The ultimate attribution error focuses on the behaviour of a group as well as how an observer explains the behaviour of a group. Through this error, the positive behaviour of members of an out-group is attributed to external cause or luck, and negative behaviour to internal cause (Bernstein *et al.*, 2006). However, the positive behaviour of members of an in-group is considered

to be due to internal factors and negative behaviour to external factors (Bernstein *et al.*, 2006). For example, students may perceive students who receive psychological counselling as fragile and cognitively incapable of achieving success in their studies. The success of students who receive counselling may be attributed to leniency by lectures, because it is assumed that lectures know the students receive counselling.

d) Theory of reasoned action/theory of planned behaviour

The theory of reasoned action and the theory of planned behaviour are discussed together within one section as they share a conceptual link. The theory of reasoned action was the initial theory developed by Ajzen and Fishbein. Later, Ajzen (1991) added an extension of planned behaviour to the theory of reasoned action. The construct added to the theory of planned behaviour is the perceived behavioural control (Armitage & Conner, 2001; Romano & Netland, 2008).

Fishbein and Ajzen's theory of reasoned action asserts that people's actions are based on a series of rational decisions. The intention to perform behaviour precedes the behaviour or action. Underlying an individual's behavioural intent are the individual's attitudes about the behaviour and subjective norms about the behaviour. Subjective norms are perceived beliefs that significant others will condone behaviour or not. Attitudes are thus distinct from intentions; yet pivotal in determining intentions (Armitage & Conner, 2001; Romano & Netland, 2008; Vogel *et al.*, 2005). A person may have a negative attitude towards counselling although there is a realisation that he/she needs counselling. A person's negative attitude towards counselling and the belief that significant others have a negative attitude towards counselling may deter an individual from seeking counselling. The best predictor of intent to seek psychological help is the individual's attitude towards psychological help.

The theory of planned action is an extension to the theory of reasoned action. In addition to the individual's attitude towards behaviour and subjective norms, the theory of planned action adds that individuals consider perceived behavioural control (appraisal of the volition to perform behaviour) (Baron *et al.*, 2006). Perceived behavioural control is to predict behavioural intentions and behaviours that are not under complete volitional control. Volitional control refers to an individual's free will to perform an action or behaviour without any external influence. At times, an individual may be motivated to display a particular behaviour, but contextual or environmental

barriers may deter the performance of such behaviour. Perceived behavioural control was added to predict behaviours in situations where volitional control was not completely under perceived behavioural control of the individual (Armitage & Conner, 2001; Romano & Netland, 2008). A male student may be under great emotional strain and consider seeking counselling. However, he may be deterred from seeking counselling as a girlfriend of one of his friends at the residence works as a receptionist at the counselling centre. The student may think that the girlfriend will tell his friend that he was seeking counselling and everyone from his male residence may know that he receives counselling and perceive him as less of a man. The subjective norms and the environment of the residence in which he resides (perceived behavioural control) may deter him from seeking counselling.

e) Self-perception theory

The self-perception theory provides another theoretical interpretation regarding attitude formation and change. The self-perception theory states that attitudes are formed after examining one's behaviour towards an object (Nairne, 2003). The self-perception theory is useful for an individual to assess aspects of the self that are not particularly important; the theory is more applicable to aspects of the self that are incidental (Taylor *et al.*, 2006). The theory postulates that when individuals are not certain about their attitude towards an object, they would observe their behaviour and then attribute their attitudes from the behaviour and circumstances in which the behaviour occurs (Breckler *et al.*, 2006). The self-perception theory appears to be applicable when there is no existing attitude towards an object or the discrepancy between the attitude and the object is minimal (Bernstein *et al.*, 2006). For example, a person who has not formed an opinion regarding counselling may observe his reaction towards a friend who informs him that he is consulting a psychologist. The person may then attribute his attitude towards counselling from the friend's reaction. If the reaction were positive, the person would regard their attitude towards counselling as positive.

2.3.3 Motivational/decision-making approach

People seek consistency among attitudes and between attitudes and behaviour (Bernstein *et al.*, 2006). The motivational/decision-making approach posits that individuals are motivated by tension and conflicting goals to re-evaluate their position, in order to maintain balance and

achieve maximum gains. Individuals take into consideration the outcomes of their behaviour and the possible effects thereof. Examples of this approach are found in the balance theory and the expectancy value theory.

a) Balance theory

The central assumption of the balance theory is that individuals seek to achieve and maintain balanced states among attitudes (Davis & Rusbult, 2001). The balance theory posits that three main evaluations exist in any relationship. The first evaluation is between the perceiver and the other person, and the last two evaluations are between each person and the object or action (Treadway, Ferris, Duke, Adams, & Thatcher, 2007). Imbalances exist when an individual disagrees with a liked person, or agrees with a disliked person.

A positive result indicates balance, while imbalance occurs when the system has an odd number of negative evaluations (Basil & Herr, 2006). The greatest tension is experienced when there is a strong relationship among elements of the triad, as well as when great importance is attached to an object (Davis & Rusbult, 2001). According to the balance theory, imbalanced systems tend to create tension and the tension experienced motivates the change to balanced systems, as the imbalanced system produces pressure to change an attitude in order to restore balance (Davis & Rusbult, 2001). An example of the balance theory would be the following: Two room-mates have opposing views regarding counselling. They have been room-mates for two years and their relationship has grown in to friendship over the years. The one friend advocates for counselling and currently she is consulting a psychologist due to some personal issues she is going through. The other friend thinks that counselling is a waste of time and believes that students who have been to counselling are weak and do not want to take responsibility for their lives. Tension experienced between the two friends facilitates change due to the pressure produced by differences with regard to attitude towards counselling. Due to the positive change the other friend sees in her friend she begins to reconsider her attitude towards counselling and her opinion about those who seek psychological help.

b) The expectancy-value theory

The expectancy-value theory has two constructs: expectancy and value. Expectancy refers to the individual's belief about the probability of success at a specific task, while value refers to the individual's evaluation of the outcomes (Eccleston & Major, 2010). People take the possible value of the outcomes and the likelihood of the possible effects of the position into consideration (Borders, Earleywine, & Huey, 2004). The expectancy-value approach predicts that when a person has conflicting goals, he/she will choose a goal that yields maximum gains. According to the theory, attitudes are based on maximising the subjective gains of the expected outcome, and the subjective gains are the product of the expected outcome and value thereof (Borders *et al.*, 2004).

The theory posits that attitudes interact with expectancies and values. Individuals with stronger attitudes are those who strongly expect positive outcomes and who evaluate the outcomes positively (Westaby, 2002). For example, a student expects to complete his studies (expects positive outcomes), find employment to be financially independent and assist his family (positively evaluates outcomes). The student has developed a positive attitude towards his studies.

2.3.4 Interdependence approaches

The focus of interdependence approaches is on the analysis of behaviour of two or more individuals who interact with one another. Interdependence refers to the mutual influence two individuals have on one another's feelings, thoughts and/or behaviours (Baron *et al.*, 2006). When people interact with one another, they tend to influence one another in one way or the other. Examples of this approach will now be discussed.

a) Social contact hypothesis

The contact theory was developed by Allport (1954) to reduce prejudice between groups. In the contact theory, reference is made to in-groups and out-groups to distinguish between members of the groups. The in-group refers to the members of a group who prejudice those who do not belong to their group. The out-group refers to group members who are made to feel as if they do not belong to the in-group and are being prejudiced.

Allport (1954) asserts that prejudice against an out-group can be minimised through appropriate contact with members of the in-group (Crisp & Turner, 2009; Gaunt, 2011). The theory purports

that, under specific conditions, intergroup hostility would decrease and intergroup attitudes that are more positive would develop.

Four conditions are identified to reduce prejudice in intergroup contact. Firstly, intergroup contact tends to be more successful when there is support from an institution or those in authority. Secondly, group members must have equal status during contact situations. The last two conditions are about a common goal and cooperation among group members. There should be a common goal for all members to achieve as a group and members should work together to achieve the goal (Crisp & Turner, 2009; Gaunt, 2011; Grefe, 2011).

Although contact that met Allport's optimal conditions has led to the greatest decline in prejudice, prejudice was still reduced in their absence (Pettigrew & Tropp, 2006). The research has led to the optimal conditions being considered as facilitating conditions rather than necessary conditions for reducing prejudice and increasing positive attitudes (Pettigrew & Tropp, 2006). According to the contact theory, prejudice and negative attitudes towards those with counselling experience can be decreased by having intergroup contact, with the above-mentioned conditions, with those who have not had any counselling experience.

b) Social exchange theory

The social exchange theory is an example of the interdependence approach. According to the social exchange theory, interpersonal relationships function in terms of benefits and costs (Cropanzano, & Mitchell, 2005). When an individual (X) provides benefits to another (Y), there is an expectation from X that there will be some benefits coming from Y. In social exchange, there is a social contract, which can be implicit or explicit, and an obligation to reciprocate the benefits received (Ermer, Guerin, Cosmides, Tooby, & Miller, 2006). The social exchange can be implicit, for instance, when a person receives support and understanding from a friend who is having some difficulties in her marriage. The friend would also expect the same support when she is experiencing difficulty in her life.

c) Sociocultural theories

Sociocultural theories concentrate on the influence of social background on people's thoughts, feelings and behaviours. The importance of culture on individuals has come to the fore with the

increased need to understand the influence of social background. The sociocultural perspective is useful in understanding behaviour within a particular social or cultural context as it takes into account the social norms and roles of a specific culture. The sociocultural perspective also emphasises the importance of comparing different cultures or social groups (Taylor *et al.*, 2006). Social and cultural context is imperative to an individual as they provide norms and values to which an individual adheres. For example, an individual who has spent his whole life in rural South Africa would differ from an individual living in New York when it comes to help-seeking behaviour. Their differences in help-seeking behaviour would be largely due to their social and cultural backgrounds, which also affect how they perceive the aetiology of illness and the type of treatment they would seek.

2.3.5 Section summary

Four social psychological approaches were discussed in the above sections. The preceding sections also shed light on the reasons for discussing the various theories under the specific approaches. The sections highlighted how the approaches relate to the formation of attitudes.

2.4 Conclusion

In this chapter, the definition and the structure of attitudes were initially discussed. The discussion on the structure of attitudes was followed by the functions of attitudes and their relevance to individuals was highlighted. Lastly, various social psychological theories were used to elucidate the formation of attitudes. The four main approaches are used to group the various theories.

CHAPTER 3

ATTITUDES TOWARDS COUNSELLING

While the previous chapter discussed attitudes and the formation of attitudes in general, this chapter will focus on attitudes towards counselling specifically. The first section of the chapter will define and conceptualise counselling, highlight the importance of counselling and discuss counselling in the student population. The second section will draw attention to components of attitudes towards counselling and social psychological perspectives will be utilised to explain the components of attitudes towards counselling. The chapter will conclude with a summary of the contents of the chapter.

3.1 Counselling

This section of the chapter focuses on three areas. The section begins with defining and conceptualising counselling, moves to highlighting the importance of counselling and ends with a discussion on counselling in the student population.

3.1.1 Defining and conceptualising counselling

Counselling can be practised by different professionals on a variety of levels, depending on the training and the skills acquired by the professional. Counselling in this study refers specifically to counselling provided by registered psychologists (clinical, counselling and educational psychologists) as recognised by the Health Professional Council of South Africa. For the purpose of this study, counselling is used as an inclusive term that refers to psychotherapy and counselling. Therefore, the definition of counselling that will be provided will also include the definition of psychotherapy.

According to Prochaska and Norcross (2007), psychotherapy is the intentional application of clinical methods and psychological principles to assist people in modifying their behaviours, cognitions, emotions and/or other personal characteristics in a manner that is deemed desirable.

The dictionary of psychology (Corsini, 2002, p. 230) defines counselling as a

process of defining, understanding and addressing a specific problem, as well as advice and suggestions given by a person acknowledged to be an expert in one or more areas, such as marriage, dependency on substances, vocations, or child rearing.

Setiawan (2006) refers to counselling as a process that helps individuals to work towards personal development and it assists individuals to cope with personal problems.

In this study, counselling thus refers to a process of assisting a person to reach mutually agreed upon goals with the application of clinical methods derived from psychological principles. The focus of this study was on students receiving this counselling.

3.1.2 The importance of counselling

The prevalence of psychological disorders has been indicated to be 16.5% among the South African adult population in 2006/2007 (Lund *et al.*, 2008). In addition, people suffering from physical illnesses that have a psychological origin tend to use medical facilities more often (Lund *et al.*, 2008). Depressive and anxiety symptoms can affect individuals adversely when counselling is not sought, and the symptoms can escalate to a diagnosable disorder. Individuals who are in need of counselling services and do not seek and receive counselling are likely to have their functioning negatively affected (Setiawan, 2006). Smit *et al.* (2006) highlight the beneficial effects of counselling. According to them, counselling for people who experience sub-threshold depression can reduce the risk of developing a full-blown depression and thus reduce the overall financial costs of treatment (Smit *et al.*, 2006).

3.1.3 Counselling in the student population

In general, university students present with a significant degree of depressive and anxiety symptoms that have an impact on their adjustment on campuses (Rosenthal & Scheiner, 2000; Yi, Lin, & Kishimoto, 2003). An international study states that students report significant difficulties that could be addressed by counselling (Joyce, Ross, Van der Wal, & Austin, 2009). Without intervention, difficulties can be exacerbated and lead to individuals finding it difficult to perform

adequately in their studies. This can in turn further deepen the symptoms of depression and anxiety.

Studies conducted at various South African universities indicated that university students are experiencing various psychological related challenges (Flisher *et al.*, 2002; Sennet *et al.*, 2003; Young, 2009). University can be a stressful environment to students due to socio-economic factors, adjusting to university culture and the pressure to perform (Flisher *et al.*, 2002, Sennet *et al.*, 2003; Young, 2009). The stressors that students experience may escalate to a level where stressors lead to poor mental health (Young, 2009).

An international study reported that students' knowledge of mental health issues and the utilisation of counselling services are low (Joyce *et al.*, 2009). Another international study indicates that students' willingness to seek counselling is low, and the under-utilisation of services is attributed to the use of social networks; family and friends instead of counselling services (Setiawan, 2006). In South Africa, little research has been conducted on people's attitudes regarding counselling. Some authors suggest that the South African population is hesitant to consult psychologists (Kagan, 2006; Taubes & Ancer, 2008). In contrast, a study conducted at a South African university indicated that students regarded counselling as the treatment of choice for mental illness (Samouilhan & Seabi, 2010). Another South African study reveals that students aged from 20 years to 24 years are significantly more likely to receive counselling than those aged 25 years and older (Flisher, De Beer, & Bokhorst, 2002).

There also appears to be a variation within the student population concerning attitudes towards counselling, however, there is no conclusive evidence among the studies regarding the variation. A study by Loffler-Stastka, Bluml, Hodal and Ponocny-Seliger (2008) indicates that students from various faculties differ regarding their attitudes towards counselling. This study indicates that psychology and pedagogy students have more positive attitudes towards counselling than medical and economy students. However, another study conducted by Goh *et al.* (2007) among Chinese students show no significant differences between engineering and social science students with regard to attitudes towards counselling.

Flisher *et al.* (2002) indicate that first-year students and students from outside the university's city sought counselling more than other students do. The high representation of first-year students was

attributed to the new environment that students find themselves and problems with adjusting to the university environment. The large number of students from outside the university's city who sought counselling was attributed to possible lack of social support (Flisher *et al.*, 2002).

Research has shown that students with prior counselling contact or experience have positive attitudes towards counselling (Goh *et al.*, 2007; Komiya & Eells, 2001; Loffler-Stastka *et al.*, 2008; Masuda, Suzumura, Beauchamp, Howells, & Clay, 2005). Loffler-Stastka *et al.* (2008) further indicate that previous help-seeking behaviour for a major problem is predictive of positive attitudes towards counselling. The expectancy-value theory posits that attitudes interact with expectancy and values; individuals with stronger attitudes are those with strong expectations of outcomes and who positively evaluate the outcomes (Westaby, 2002). Students with previous experience of counselling have strong expectations of the outcomes of counselling and they evaluate the outcomes of counselling positively, and this result in these students having positive attitudes towards counselling.

According to Vogel, Wade, Wester, Larson, and Hackler (2007), students who are encouraged to seek help and know someone who have sought help have a more positive attitude towards seeking counselling. The theory of planned action (Baron *et al.*, 2006) provides a social-psychological explanation of increased positive attitudes towards counselling among students who are encouraged to seek help and know someone who had sought help. According to the theory of planned action, the intention to perform behaviour precedes the behaviour and underlying an individual's behavioural intent are the individual's attitudes towards the behaviour, the subjective social norms about the behaviour, and the perceived behavioural control. Students who consider seeking counselling may have positive attitudes towards counselling. The support and encouragement from others and knowing someone who has sought counselling (subjective social norms) affirms the student's attitude towards counselling and makes it easier for students to seek counselling. The student has a positive appraisal of the volition to seek counselling. Because of the afore-mentioned factors, these particular students have a more positive attitude towards counselling than their counterparts who do not have encouragement or do not know of someone who has sought counselling.

3.2 The components of attitudes towards counselling

This section of the chapter will investigate the different components of attitudes towards counselling. Stigma, in the form of public and self-stigma, will be explored by referring to the social psychological theories of attitude formation. Anticipated risk and utility associated with disclosing personal information will also be discussed using social psychological theories relating to the formation of attitudes.

3.2.1 Stigma

There are various definitions available for stigma. Link and Phelan (2001) highlight two factors that could account for the variation that exist. Firstly, stigma has been applied to a vast range of circumstances, and secondly research on stigma is multidisciplinary and there appears to be differences in emphasis depending on discipline (Link & Phelan, 2001). Although there are variations with regard to the concept of stigma, some also overlap. All definitions of stigma involve a particular group of people who are regarded by others as different and their deviation from the norm is evaluated negatively.

Goffman's (1963) definition of stigma is regarded as the earliest definition that has led to the development of contemporary perspectives on stigma (Link & Phelan, 2001; Major & O'Brien, 2005). Goffman (1963) defined stigma as an 'attribute that is deeply discrediting' (p. 13) and that reduces the stigmatised 'from a whole and usual person to a tainted, discounted one' (p. 12). Blaine (2000) provides a more contemporary definition of stigma and refers to stigma as the perception of being flawed because of a personal or physical characteristic(s) that is regarded as socially unacceptable.

Stigma is a social construct (Major & O'Brien, 2005) that entails three components: stereotype, prejudice and discrimination (Corrigan, 2004). Figure 1 elicits the interaction between the components.

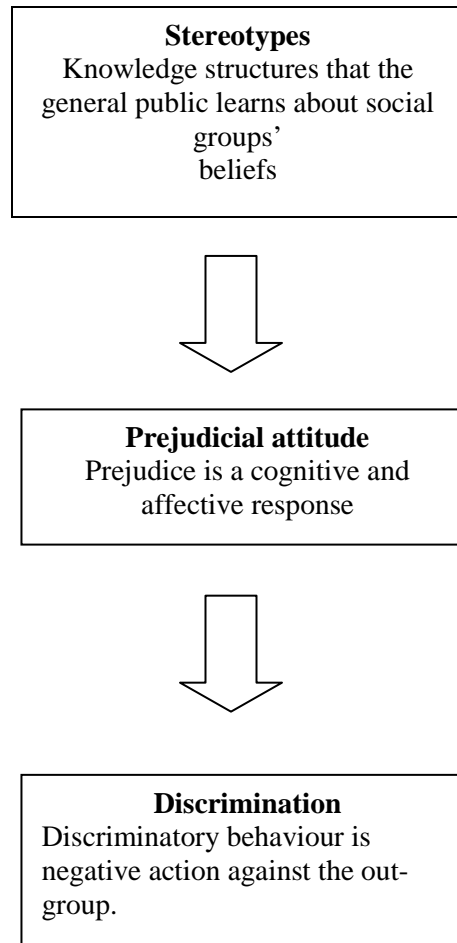


Figure 1: Interaction between the components stereotype, prejudice and discrimination. Compiled from Corrigan (2004)

Stereotypes are over-generalised inaccurate beliefs applied to individuals solely due to their membership to a particular group (Berryman *et al.*, 2006; Swartz *et al.*, 2011). The stereotypes may be of negative or positive characteristics; however, they are usually negative. Stereotypes are harmful because they tend to limit the ability to treat each member as an individual. Stereotyping often leads to prejudice, which is a positive or negative attitude towards an individual (Swartz *et al.*, 2011). The negative attitudes towards the social group are often based on irrational beliefs (Swartz *et al.*, 2011).

Prejudice is a cognitive (beliefs, stereotypes) and affective (hostility, envy, fear) response that leads to discrimination, a behavioural reaction (Corrigan, 2004). Prejudiced people endorse negative stereotypes and prejudicial attitudes, which involve a negative evaluation. Prejudice is

usually directed towards a particular group. A prejudiced group is often different because of culture, ethnicity or gender (Myers, 2008).

Myers (2008) explained discrimination as negative behaviour towards an out-group. Discrimination is a behavioural manifestation of the beliefs and attitudes held by the in-group. It manifests itself through avoidance and disassociation from members of the out-group and it is usually unjustifiable (Corrigan, 2004; Myers, 2008).

From a learning approach, stigma can be formulated through observational learning. Stigma can be learned through social interactions. According to the learning theory, learning may occur through observing and subsequently imitating or modelling the behaviour of parents, peers or others (Baron *et al.*, 2006). An individual may learn or maintain the learned negative attitudes that were initially learned through modelling the negative behaviour of parents and peers towards a particular group.

From a cognitive perspective, the dynamics of stigma can be formulated through, for example, the attribution theory. Stereotypes lead to faulty attributions, a component of the cognitive approach (Swartz *et al.*, 2011). Overgeneralisation, which is often applied, can also lead to the ultimate attribution error where the positive behaviour of members of an out-group is attributed to external cause(s) or luck, and negative behaviour due to internal cause(s) (Bernstein *et al.*, 2008). The over-generalisation and the ultimate attribution error could result in continued stereotyping and negative attitudes being maintained about members of the out-group.

From a motivational and decision-making approach, stigma can be formulated through the balance theory. The negative attitudes may be maintained by considering the three main evaluations of the balance theory; between the perceiver, the other person (o), and between each person and the object or action (Treadway *et al.*, 2007). When an individual shares the same attitude towards an object (negative attitude towards individuals living with mental illness) as his or her significant others (positive attitude towards in-group) their attitude is maintained and there is balance among elements. There is no tension and no motivation to re-evaluate his or her attitude towards the object (individuals living with mental illness). Thus, the stigma towards individuals living with mental illness is maintained.

According to the contact hypothesis of the interdependence theory, prejudice can be reduced through appropriate contact with the out-group (Crisp & Turner, 2009; Gaunt, 2011). Prejudice, which is a cognitive and affective response that leads to discrimination, can be minimised by contact with members of the out-group. Appropriate contact between individuals who have prejudice about individuals living with mental illness (in-group) and individuals living with mental illness (out-group) may decrease the prejudice and discrimination. This may also decrease stigma towards individuals living with mental illness.

Two types of stigma are identified by Corrigan (2004), namely public stigma and self-stigma. These stigmas will be discussed in the following sections.

a) Public Stigma

Vogel, Wade and Haake (2006, p. 325) describe public stigma as a perception held by a society or group that an individual is socially unacceptable and it often leads to negative reactions towards them. Public stigma can limit access to social opportunities and life chances of those living with mental illness. Stereotype, prejudice and discrimination can deprive individuals living with mental illness of achieving life goals.

Members of a stigmatised group are considered to have the same characteristics and flaws and they are often judged on those characteristics and not individually. Public stigma can have a detrimental effect on individuals when interacting with the criminal justice system and even the general health care system tends to marginalise people living with mental illness (Corrigan, 2004). The latter suggests that living with mental illness does harm individuals' social opportunities.

The negative attitudes of society towards those who are stereotyped lead to public stigma. Those who receive counselling are often categorised as mentally ill and are characterised the same as the mentally ill. Public stigma associated with mental health issues has been linked to negative attitudes towards seeking psychological services (Komiya *et al.*, 2000). Individuals who would benefit from counselling may decide not to seek or receive counselling in an attempt to avoid public stigma.

From a learning perspective, public stigma can be formulated through observational learning. Observational learning refers to learning that occurs in a social environment where individuals

learn by observing others and then imitate or model the behaviour of others (Baron *et al.*, 2006). Individuals in society observe the behaviour of other members of society towards those living with mental illness and then model the behaviour they have observed.

Public stigma may be formulated through the fundamental attribution error of the attribution theory (Myers, 2008). Members of society overestimate the influence of personality and tend to underestimate the influence of context when making attributions regarding the behaviour of those living with mental illness. The fundamental attribution error may maintain the public stigma held by members of society and the negative behaviour towards those living with mental illness.

From a motivational and decision-making perspective, public stigma may be formulated using the balance theory (Davis & Rusbult, 2001; Treadway *et al.*, 2007). Public stigma shared by members of society or group maintains a balanced system amongst members of society or group. In a society or a group, the perceiver and the other person evaluate each other positively and have a shared negative evaluation towards individuals living with mental illness. Thus, the system remains balanced.

Public stigma may be understood through the social contact hypothesis of the interdependence approach. The theory posits that prejudicial attitudes towards an out-group can be minimised by having appropriate contact with members of the in-group (Crisp & Turner, 2009). Continued lack of appropriate contact under specific conditions between members of the in-group and out-group can lead to continued prejudicial attitudes and public stigma towards members of the out-group (mentally ill). Public stigma towards the mentally ill can be decreased by having intergroup contact between the mentally ill and members of the in-group under Allport's optimal conditions (Crisp & Turner, 2009; Gaunt, 2011; Grefe, 2011).

b) Self-stigma

Self-stigma is the perception held by an individual when he or she internalises the widely endorsed belief that he or she is socially unacceptable. Upon internalising the public's perception of himself or herself as socially unacceptable, the individual can develop low self-esteem or self-worth (Vogel *et al.*, 2006). Individuals who live with mental illness tend to internalise

stigmatising ideas held within a society and believe that they are less valued because of their mental illness (Link & Phelan, 2001).

The role of self-stigma in predicting psychological help-seeking attitudes and willingness to seek counselling was measured in a study by Vogel *et al.* (2005). Vogel *et al.* (2005) compared self-stigma, self-esteem and public stigma in predicting attitudes towards seeking psychological help and the study revealed that self-stigma is conceptually unique in predicting attitudes towards seeking psychological help. To avoid the negative emotional reaction of low self-esteem and low self-efficacy that is caused by the stigma, an individual may forego psychological services to enhance or maintain a positive self-image and increase self-esteem (Vogel, Wade, & Hackler, 2007).

From the learning perspective, a process of reduction of behaviour, which takes place after behaviour and followed by punishment is known as operant conditioning. In operant conditioning, behaviour is encouraged by rewarding the behaviour (positive reinforcement), and discouraged through punishment (Swartz *et al.*, 2011). Individuals learn from observing the public's treatment of those living with mental illness and/or those receiving counselling. An individual may want to avoid self-stigma (the low self-esteem caused by internalising the public stigma) by not seeking counselling when an individual realises the public stigma experienced by those who are seeking counselling.

From a cognitive perspective, self-stigma may be formulated through the theory of reasoned action (Armitage & Conner, 2001). An individual may be uncertain whether to seek counselling or not during a difficult time in his or her life. That individual may have a negative attitude towards counselling and, coupled with perceived subjective norms (negative attitude towards counselling held by significant others), may dissuade an individual from seeking counselling. Individuals want to protect themselves from internalising stigmatising beliefs held within society about people living with mental illness and they thus forego counselling and psychological services to maintain a positive self-image.

From a motivational and decision-making perspective, self-stigma may be understood using the expectancy-value theory (Borders *et al.*, 2004). Individuals may have a negative attitude towards seeking psychological treatment, due to the widely held public perception that individuals living

with mental illness are socially unacceptable and less valued. To avoid the public stigma and internalising the public stigma with the result of low self-esteem, individuals may have negative attitudes towards counselling and forego psychological services to maintain a positive self-esteem.

The sociocultural theory of the interdependence perspective emphasises that each society or social group should be considered on its own merit, as individuals' attitudes towards counselling are influenced by the individuals' cultural and/or social background (Taylor *et al.*, 2006). Cultural context should be considered when attitudes towards counselling are investigated within a particular group of people. Some cultural groups may not be receptive of members of their group, seeking help outside their group and stigmatising those who make use of counselling services. To maintain self-esteem and to feel socially accepted, individuals may forego counselling if they belong to such a cultural group.

From the above discussion, it is clear that stigma has significance and relevance to mental health services and counselling as it affects individuals' decisions to seek and continue with treatment.

3.2.2 Anticipated risk and utility associated with disclosing personal information

The anticipated risk associated with disclosing personal information refers to the subjective risks that are experienced by an individual. It includes rejection, betrayal and causing discomfort for the listener (therapist). The anticipated utility associated with disclosing personal information refers to the individual's subjective perceived value of the desired outcome (Omarzu, 2000). Anticipated risk and utility associated with seeking help appear to be salient in the decision to seek professional help.

Anticipated utility associated with seeking help is associated with a belief that seeking help will reduce feelings of distress (Vogel *et al.*, 2005). Shame, fear of exposure and anxiety are inevitable aspects of psychotherapeutic treatment and, although individuals are likely to experience uncomfortable emotions during psychotherapy, they are likely to experience relief and a sense of authenticity after disclosure (Farber, 2003; Farber *et al.*, 2004). Disclosure produces a sense of relief from physical and emotional tension (Farber *et al.*, 2004). Individuals vary in their general tendency to disclose personally distressing information across time and situation. The intensity of distress during disclosure (distress disclosure) significantly affects the extent of client disclosure

in therapy and benefit from therapy (Farber, 2003). A study by Kahn, Achter and Shambaugh (2001) indicate that individuals' tendency to disclose personal information is positively associated with a decrease of subjective perceived stress and symptomatology over the course of therapy.

Omarzu (2000) hypothesises that a decision process can lead to different types and levels of disclosure. The first stage refers to the situational cues that highlight the importance of a social benefit that can be attained through disclosure. In the next stage, the disclosers will search for an appropriate target(s). The potential interaction with the target(s) will be evaluated on two dimensions: subjective utility and subjective risk. The subjective evaluation will determine the breadth, duration and depth of the disclosure.

From a learning perspective, anticipated risk and utility associated with disclosing personal information may be formulated through operant conditioning and the law of effect. Attitudes are formed through the process of learning (Morris & Maisto, 2002). Disclosure of personal information is encouraged by a reward such as experiencing a sense of relief from physical and emotional tension and will be repeated as it produces desirable outcomes (Farber *et al.*, 2004). Therefore, utility associated with disclosing personal information is encouraged through positive reinforcement and repeated by an individual, as it produces desirable outcomes.

From a cognitive perspective, risk and utility associated with disclosing personal information may be formulated through the theory of reasoned action. The theory is based on a series of decisions (Armitage & Conner, 2001; Romano & Netland, 2008). When an individual has an intention to seek counselling, has a positive attitude towards counselling and significant others have a positive attitude towards counselling, that individual is likely to reason and anticipate utility associated with disclosing personal information. Individuals who anticipate utility in disclosing personal information are more likely to seek psychological services and disclose personal information during counselling.

From a motivational and decision-making perspective, anticipated risk and utility associated with disclosing personal information may be understood through the expectancy-value theory. According to the expectancy-value theory, individuals will determine the anticipated utility associated with disclosing personal information by assessing the expected outcome and the value of the outcome (Borders *et al.*, 2004). The anticipated utility associated with disclosing personal

information will be evaluated positively when an individual anticipate that subjective perceived stress and symptoms will decrease after disclosing personal information (Kahn *et al.*, 2001).

From an interdependence perspective, anticipated risk and utility associated with disclosing personal information may be formulated through the sociocultural theory. The theory focuses on the influence of social background on individuals' thoughts, feelings and behaviours (Taylor *et al.*, 2006). Some groups or cultures may discourage the use of psychological services or disclosing personal information. Anticipated risk associated with disclosing personal information may be high in such groups, as individuals may feel uncomfortable after disclosing personal information due to the group's aversion towards counselling. Disclosing personal information may be considered a risk in such groups or cultures. According to Ditte, Schulz and Schmid-Otto (2006), cultural background is one factor that leads to negative attitudes towards counselling among Russians. In the following chapter, the influence of culture on attitudes towards counselling will be discussed in more depth.

3.3 Conclusion

The first section of the chapter focused on counselling: defining and conceptualising counselling, the importance of counselling and counselling in the student population. The second section of the chapter highlighted attitudes towards counselling. It showed the impact of society's reaction towards counselling and its influence on individuals' attitudes towards counselling. The two types of stigma and their negative impact on individuals were elucidated. The relationship between the anticipated risk and utility of disclosing personal information and attitudes towards counselling was investigated. It was shown that anticipated utility of disclosing personal information results in positive attitudes towards counselling while anticipated risk of disclosing personal information results in negative attitudes towards counselling.

Components of attitudes towards counselling (public stigma, self-stigma, anticipated risk and utility associated with disclosing personal information) were discussed using social psychological theories relating to the formation of attitudes.

CHAPTER 4

FACTORS INFLUENCING ATTITUDES TOWARDS COUNSELLING

Chapter 4 will explore culture and gender, and the influence these two concepts have on attitudes towards counselling. Social psychological approaches will be utilised to explain culture and gender in each section. The first section of this chapter focuses on the definition of the concept of culture, components of culture and an elucidation of ethnicity, race, culture and subculture. The section on culture will also highlight some studies that have examined the influence of culture on attitudes towards counselling. The second section of the chapter will investigate the concept of gender, gender role and socialisation. The last section will draw attention to research that explored the influence of gender on attitudes towards counselling.

4.1 The role of culture

The following section will be divided into four parts. The first part will focus on conceptualising culture and the second part will explore how the social psychological approaches relate to culture. The third section will explore attitudes towards counselling and the fourth section will provide a summary of the preceding sections.

4.1.1 Conceptualising culture

This section has three components. It begins with a discussion on the concept of culture, then moves on to the components of culture and ends with clarifying definitions of and differences between the terms race, ethnicity, culture and subculture.

4.1.1.1 The concept of culture

The concept and definition of culture has evolved over time and it reflects the work that is continually undertaken by researchers. Scholars and academics have grappled with the definition of culture since the nineteenth century. Tylor (1920, in Nanda & Warms, 2007, p. 86) defines culture as a “complex whole which includes knowledge, belief, art, law, morals, customs, and any other capabilities acquired by man as a member of society”. Subsequent definitions of culture

focuses on a narrower definition and this led to an enormous body of definitions of culture (Smith, Bond, & Kagitcibasi, 2006). Kroeber and Kluckhohn (1952, in Heider, 2007) have published a study in which they compiled and analyse 161 definitions of culture (Heider, 2007; Smith *et al.*, 2006). Kroeber and Kluckhohn do not give their own definition of culture; however, they give a definition of culture which they assert to be accepted by most social scientists (Heider, 2007). They state that culture consists of explicit or implicit patterns, of and for behaviour attained and conveyed by means of symbols. Kroeber and Kluckhohn (1952, in Heider, 2007) further assert that traditional ideas and particularly the value attached to these traditional ideas is the core of culture. They also state that culture systems may be considered as products of action and as conditioning elements of further action.

Rohner (1984, in Smith *et al.*, 2006) states that culture is the totality of equivalent and complementary learned meanings maintained by a human population, or by identifiable segments of a population, and transmitted from one generation to the next. In the 1990's, Popenoe, Cunningham and Boulton (1999, p. 24) assert that culture is 'shared product of human groups which includes values, language, knowledge and material objects (nonmaterial and material objects)'. Nonmaterial objects involve abstract and intangible human creations and material objects refer to a body of physical objects (Popenoe *et al.*, 1999).

Haviland defines culture in the following terms (2002, p. 34):

Culture consists of the abstract values, beliefs, and perceptions of the world that lie behind people's behaviour and that are reflected in their behaviour. These are shared by members of a society, and when acted upon, they produce behaviour that is intelligible to other members of that society.

According to Haviland (2002), parts of culture function as an integrated whole with culture largely learned through language. A review by Lehman, Chiu and Schaller (2004) took the definition of culture a step further by bringing to the fore the issue of interdependence. Lehman *et al.* (2004) highlight the interdependence that exists between culture and individuals of the cultural group. Cultural paradigms influence the actions and thoughts of individuals. Individuals, in turn, influence culture over time.

In this study, the following definition of Taylor *et al.* (2006, p. 10) will be used: “beliefs, values, traditions, and behaviour patterns that is shared by members of a particular group”. Culture will thus be regarded as the shared learned behaviour, belief systems and values that influence the customs, norms and practices of a particular group.

4.1.1.2 Components of culture

All societies have culture; however, various societies tend to have different behaviour patterns. According to Nanda and Warms (2007), there is consensus that all cultures share the following characteristics to some degree: a) culture is learned; b) cultures have symbols; c) culture is patterned and integrated; d) culture has shared norms and values; and e) culture changes and is adaptive. These characteristics will be discussed in the following paragraphs.

a) Culture is learned

Cultures comprise learned behaviours that people learn throughout their lifetime (Nanda & Warms, 2007). Culture is learned and not innate or genetically inherited from parents. Culture is transmitted among members of a society through the various ways that the learning theory postulates. According to the learning theory, learning takes place through observation, association, reinforcement and/or imitation, and learning of culture may occur through the same processes (Taylor *et al.*, 2006). Culture is learned through a process of internalising the conscious and unconscious learning and interacting with other members of the group (Heider, 2007; Kottak, 2009; Nanda & Warns, 2007). According to Kottak (2009), the learning of culture largely relies on human being’s evolved capacity to utilise symbols.

b) Cultures have symbols

Symbols form an important aspect of culture and all cultures involve symbols. The world we live in has a variety of symbols, including, among others, words (written and oral), signs and emblems. Human beings mainly interact through language where symbols are used to communicate orally (Newman, 2008). A symbol is something (verbal or nonverbal) that stands for something else (Kottak, 2009; Nanda & Warns, 2007), and there is no ‘real’ connection between a symbol and the aspect it represents (Kottak, 2009). Symbols usually refer to language; however, other nonverbal symbols, for example, flags represent countries (Kottak, 2009). All cultures have

language, a complex symbolic system. Language is an essential part of culture, which can be used to inform members of the group about their culture. Culture is largely learnt through the symbolic system of language (Haviland, 2002).

c) Culture is patterned and integrated

Cultures are patterned and integrated to some degree. The elements of culture stand in some logical relationship to one another (Nanda & Warms, 2007). Cultures are not random groupings of customs and beliefs; the various parts of culture function as an integrated whole (Haviland, 2002; Kottak, 2009). However, the degree of coordination among the elements is disputed (Nanda & Warms, 2007). This dispute arises from the contradictions that sometimes occur among elements of culture, for instance, the norms and values of society may not be fully consistent. Culture is a system that consists of parts that rub and scratch against one another, and not necessarily work smoothly with one another (Nanda & Warms, 2007).

d) Culture has shared norms and values

Cultural norms and values are transmitted from one generation to the next and, at times, within generations. As members of a group learn from one another (intra-generational) and across generations (intergenerational), culture is shared. Values are shared ideas members of a society have about what is good or bad, desirable and undesirable. The values of a society are shared and passed on to others by symbols. Norms derive from values and represent the accepted ways of behaving, expressing emotions and thinking (Kornblum, 2008; Newman, 2008). Norms may be formal (documented) or informal (not documented, but widely understood by members of society). Culture is an attribute of individuals as members of a group and it is transmitted in society (Kottak, 2009).

e) Culture changes and is adaptive

Cultures change continuously. Although some features of culture may appear to remain static over a prolonged period, some parts of culture change (Heider, 2007). Cultures may change due to its internal dynamics, contact with other cultures or environmental variations (Heider, 2007; Nanda & Warms, 2007). The need to adapt to novice challenges may also lead to changes in culture. Cultures are adaptive. They contain information about how to survive in the world (Nanda &

Warms, 2007). However, cultural adaptations also contain much that is maladaptive (Kottak, 2009).

Various societies may have different cultures; however, the above discussion shows that there are some shared characteristics, to which all cultures subscribe. Although the practices of cultures are varied, the manner in which culture is acquired and conveyed are similar across societies. The above characteristic also shows the similarities regarding the structure of cultures and the manner in which cultures can sanction unwanted behaviour or promote good behaviour through shared norms and values. Every culture experiences change to a greater or lesser extent and the culture's survival rests on its ability to adapt.

4.1.1.3 Race, ethnicity, culture and subculture

Race, ethnicity and culture are terms that have been used interchangeably. However, each term refers to a specific concept, which varies from the other two terms. The following section will elucidate the understanding of the concept of race, ethnicity, culture and subculture and the differences that exist between the terms.

a) Race

The term *race* was previously used to denote specific groups based on inherited physical characteristics and biology (genetics) (Heider, 2007). The use of the term *race* to classify people under a specific group has been debated and difficulties have been noted with using race as a basis for classification (Smedley & Smedley, 2005). Kornblum (2008) terms race as a social concept that varies depending on a society and how the people of that society grant importance to certain physical qualities. Richman, Kohn-Wood and Williams (2007, p. 964) define racial identity as:

a multidimensional construct including the sense of belonging or closeness to one's group and the importance or salience of racial group membership with regard to one's self-image or self-concept.

Although the term *race* has been used interchangeably with *ethnicity*, race fundamentally refers to physical qualities or biology and differs from ethnicity, culture and subculture.

b) Ethnicity

There appears to be consensus that ethnicity refers to shared social characteristics within a particular social group. The shared social characteristics contribute to the distinct identity of an ethnic group (Lott, 2010). Members of an ethnic group share distinct cultural traits, such as language, literature, music, religion, customs, traditions and history (Lott, 2010; Quintana, 2007). The formation of ethnic groups is partly based on the group members' subjective interpretations and experiences of culture.

Ethnic background represents a group from which one's parents or ancestors have come and with which one feels kinship and identification (Lott, 2010). According to Kornblum (2008), membership to an ethnic group may be actual or subjective; it is based on distinct cultural patterns and the belief of shared ancestry with other members of the ethnic group. Ethnicity is also a socially and historically determined concept that may differ due to the social environment. Ethnicity is not a natural set of characteristics with which individuals are born, as is the case with race. Individuals' experiences of ethnicity are based on and influenced by the power relations, histories, level of social conflict and inequalities operating in any society at a specific time (Lott, 2010).

The degree to which an individual perceives him/herself to be included and aligned with an ethnic group is termed *ethnic identity* (Smith & Silva, 2011). The development of ethnic identity has been identified as taking place during the adolescent years (French, Seidman, Allan, & Aber, 2006; Nishina, Bellmore, Witkow, & Nylund-Gibson, 2010). Although members of the same ethnic group share a common history, influence and experience, the strength, significance, or salience of ethnic identity can vary (Lott, 2010).

c) Culture

Culture is defined as learned shared behaviour and 'belief systems and value orientations that influence customs, norms, practices, and social institutions' of a group of people (American Psychological Association, 2003, p. 380). Culture has also been defined and discussed in the first two components of this section of the chapter. Culture differs from race and ethnicity, as it does

not apply to genetics or physically inherited characteristics, nor does it refer to attaining membership to a particular group. Subculture is a subdivision from a particular larger culture.

d) Subculture

The term *subculture* refers to identifiable shared cultural elements and behaviours that are rooted within a large culture (Heider, 2007). The term also refers to a

system of perceptions, values, norms, beliefs and customs that are significantly different from those of a larger, dominant culture within a society (Nanda & Warms, 2007, p. 101).

A subculture has a distinctive manner of perceiving life or some aspects of life, and the values and related behaviours of a subculture distinguish its members from the larger culture. Henslin (2007) also referred to a subculture as a world within a world. Students can be considered a subculture of a larger world of dominant culture.

African Americans are considered a subculture within the American society. African Americans have distinct values and behaviour that distinguish them from other members of the society. In South Africa, various ethnic groupings exist, which can be referred to as subcultures. The South African government has previously used skin colour (Black/White) to denote specific groups of people in the country. *Black* was previously used by the apartheid government to refer to a subculture of people of African descent and *White* referred to a subculture of people of Caucasian descent, whose ancestors are mainly from European countries.

Western culture can also be considered a subculture within the world. As there are various cultures all over the world, Western culture refers to a particular subculture. Western culture alludes to ideas, values and way of life that is typical of Western Europe and North America.

In this study, culture is operationalised in terms of ethnicity and language. Culture is a broad term that denotes various facets as indicated above; thus, ethnicity and language are used to identify the groups that will be part of the study. The two groups are Sesotho and Setswana speakers who belong to the Sotho linguistic group, and Afrikaans speakers. The two groups use very distinct languages (Sesotho/Setswana and Afrikaans) spoken in South Africa. The Sesotho/Setswana speakers have their own language system, which is completely different from the Afrikaans

language. The ethnic background and identity of the Sesotho/Setswana speakers are specific to the group. The Afrikaners are of Caucasian origin whose ancestors settled in South Africa nearly four centuries ago and developed a specific language system. The Afrikaners also align themselves with a specific ethnic background.

4.1.2 Social psychological theories explaining culture

Culture has been discussed in depth in the previous section and the social psychological theories of learning theory, the cognitive theory, the motivational/decision-making theory and the interdependence theory were discussed in Chapter 2. The focus of this section is to highlight how the social psychological theories relate to the formation of culture.

All culture is learned and from a learning perspective. The formation of culture can be explained through observational learning and/or operant conditioning. Culture can be learnt by observing the behaviour of others, peers and adults, and then imitating their behaviour (Baron *et al.*, 2006). Social learning takes place when individuals learn constructs and/or behaviour specific to their culture by observing others and imitating the observed behaviour (Baron *et al.*, 2006). In operant conditioning, behaviour is encouraged by rewarding the behaviour and discouraged through punishment (Swartz *et al.*, 2011). When individuals adhere to the shared values and norms of a culture, they become more accepted and revered by others and it reinforces their behaviour.

Individuals do not merely function on a behavioural level. They perceive, group and categorise stimuli, and apply themselves cognitively to the environment (Breckler *et al.*, 2006). From a cognitive perspective, the formation of culture can be explained through the cognitive dissonance theory. Cognitive dissonance occurs when there is psychological tension between attitudes, beliefs and behaviour. The tension motivates an individual to reduce the cognitive dissonance (Bernstein *et al.*, 2006). Culture influences individuals' behaviour and beliefs. When culture leads to cognitive dissonance between attitudes, behaviour and beliefs, the individuals are influenced by the culture or the culture is influenced by the individuals to reduce the dissonance. According to Lehman *et al.* (2004), cultural paradigms influence the behaviour and beliefs of individuals, while individuals, in turn, influence culture.

From a motivational and decision-making perspective, the formation of culture can be explained as a system that seeks to maintain balance among its elements. Cultures are patterned and integrated and function as an integrated whole, with various parts which stand in some logical relationship to one another (Nanda & Warms, 2007). The various parts of culture need to be in balance with one another. At times, the various parts are not in balance with one another. According to the balance theory, there needs to be consistency among the elements in any system. Any imbalance in the system creates tension and the tension motivates the system to change in order to attain balance (Davis & Rusbult, 2001). The changes that take place within a culture can also be explained through the expectancy-value theory. According to the expectancy-value theory, changes that occur take into consideration the value of the expected outcome and the likelihood of the possible effects of the position (Borders *et al.*, 2004). A culture that does not adapt and change due to internal dynamics, contact with other cultures or environment variations may perish (Heider, 2007). Changing and adapting to new challenges maximises the subjective gain of a culture as it ensures its survival.

From an interdependence approach, the dynamics of culture can be explained through the social exchange theory. According to Cropanzano and Mitchell (2005), interpersonal relationships function in terms of costs and benefits. There is interdependence between culture and individuals within a particular cultural group. Individuals adhere to norms and values of a culture to be accepted and to live in harmony with others in a particular cultural group. Adhering to norms provides a benefit of being accepted by others. There is an implicit obligation to reciprocate the benefits received (Ermer *et al.*, 2006).

4.1.3 Attitudes towards counselling and culture

The following section will focus on adults' attitudes towards counselling and the influence that culture has on seeking counselling. Subsequently, students' attitudes towards counselling and the impact of culture on seeking counselling will be discussed.

4.1.3.1 Adults' attitudes towards counselling and culture

The above section has illustrated the profound influence that culture has on an individual's interaction with others and the world around them. Culture also affects how people perceive and

make sense of the world they live in. Culture largely has an impact on an individual's attitudes towards seeking mental health services (Chen & Mak, 2008).

A study by Chen and Mak (2008) indicates that there is a stronger willingness within the Western culture to seek help from mental health professionals. Individuals who have been influenced by Western culture have a positive inclination towards treatment from mental health professionals, as the treatment is largely based on the Western culture and philosophy. Chen and Mak (2008) show that European and Chinese Americans are more likely to seek help from mental health professionals than individuals from Hong Kong and Mainland China would do.

A study conducted among Germans and Russians/Soviets in 2006 indicates that Russians had a more sceptical attitude towards psychotherapy than Germans had. The study further states that, although the Russians have a negative attitude towards psychotherapy, Russian migrants living in Germany have a more positive attitude towards psychotherapy than real Russians do (Ditte *et al.*, 2006). Ditte *et al.* (2006) highlight cultural background as one of the possible reasons for a negative attitude towards counselling among Russians. Goldston *et al.* (2008) have investigated the influence of religion and spirituality on help seeking as it is reflected through culture. Individuals from various cultural backgrounds may not seek help or may not respect the interventions if they do not perceive that their faith or religion will be respected or honoured by the person providing services. A considerable number of individuals concurrently seek formal mental health services and assistance from traditional healers or faith communities (Goldston *et al.*, 2008). Cultural sensitivity and awareness of varied cultural belief systems and faith traditions are essential in encouraging help-seeking behaviour.

In an international study conducted by Diala *et al.* (2001), racial/ethnic differences in attitudes towards seeking professional mental services were examined. The two racial/ethnic groups included in the study were African Americans and Caucasians. It was found that African Americans reported a more positive attitude towards seeking mental health services than the Caucasians did (Diala *et al.*, 2001).

A South African study conducted in Johannesburg and surrounding areas during the apartheid era investigated black patients' understanding of and attitude towards psychotherapy (Ndlazi, 1989). Ndlazi (1989) reveals that the black participants had a positive attitude towards psychotherapy

when they were exposed to it. Psychologists and psychotherapy were not widely available to the black population during the apartheid era and access to psychological services was limited. However, when informed about psychology and psychotherapy, the black participants were receptive of the treatment and acknowledged its positive effect.

Another national study conducted in Soweto, South Africa, indicates that the black population does utilise psychological services and the authors call for an increase of psychological services in primary health care to increase access to psychological services (Seedat, Kruger, & Bode, 2003).

4.1.3.2 Students' attitudes towards counselling and culture

An international study conducted in the USA shows that Caucasian students have a more positive attitude towards counselling than South Asian students have (Loya *et al.*, 2010). This study also highlights the mediating factor of increased levels of self-stigma on students' attitudes towards counselling services (Loya *et al.*, 2010).

In the USA, studies have indicated that African American students make less use of counselling services than white students do (Duncan & Johnson, 2007; Phelps *et al.*, 2001). Although African American students' utilisation rate has increased, there is still an underutilisation of counselling services by this group (Phelps *et al.*, 2001). The study by Duncan and Johnson (2007) indicate that gender, socioeconomic status and cultural mistrust are significant predictors of African American students' attitudes towards counselling. The latter study further indicates that female African American students with low levels of mistrust and who are of lower socio-economic status are associated with more positive attitudes towards counselling (Duncan & Johnson, 2007).

An international study conducted in Austria among university students revealed that students had an overall positive attitude towards counselling (Loffler-Stastka *et al.*, 2008). A study conducted among United Arab Emirates students indicated a slightly positive attitude towards seeking counselling (Al-Darmaki, 2003). According to Al-Darmaki (2003), the variation of the students' attitude towards counselling may be culturally determined. Mental health services, including psychological services, are more accessible and accepted in the American and Western culture and less available and accepted in the Emirates culture (Al-Darmaki, 2003).

Cultural beliefs regarding mental health, mental illness and family values may influence attitudes towards seeking counselling. Individuals who are exposed to and influenced by Western norms and practices tend to display a more positive attitude towards seeking counselling than their counterparts who are not exposed to Western norms and practices (Chen & Mak, 2008). The latter highlights the importance of cultural beliefs regarding the aetiology of mental illness, as well as how these beliefs shape help-seeking attitudes.

The South African context should be considered when looking at the high number of black students who seek help at student counselling centres and their levels of distress. At South African universities, there is a disparity among students with regard to preparation for university. Black students who come from township schools enter university underprepared due to the deteriorating education system in the township schools (Boughey, 2003). There is also a major issue of financial difficulties experienced by these students, as the majority of black students are from families of middle to low socioeconomic status. Young (2009) reports that black students in particular must also cope with developmental challenges of late adolescence and young adulthood, coupled with social, academic and financial stressors without their existing social support networks, as many students have to relocate to a different city to gain access to a university. Social stressors involve the transition from home to university, while academic stressors refer to demanding academic workload. Financial stressors are financial hardship due to the socioeconomic status of the family. The cumulative effect of the above factors puts black students at greater risk of experiencing high levels of distress.

Research at a South African university shows significant differences between black and white students in help-seeking behaviour. Black students were more hesitant about seeking psychological help compared to white students. This was highlighted by markedly severe symptoms presented by black students at the point of entry into psychological services (Young, 2009). This situation highlights the distress experienced by black students and the hesitancy black students have when they need to seek help at a university's counselling service.

Studies conducted at other South African universities indicate that black students receive counselling more than other population groups (Barnsley, 1991; Flisher *et al.*, 2002). The study by Barnsley (1991) reports a high percentage of participants who indicated a positive attitude towards

general services provided at the student-counselling centre; however, only a small percentage of participants indicated that they would approach a counsellor for help with personal problems. The study illuminates the students' cautiousness with regard to psychotherapy although they were open to assistance concerning their studies.

4.1.4 Section summary

Culture is a broad term that gives meaning to individuals' reality within a social group. Culture is said to be universal to human beings as it guides interactions among members of a society and provides an interpretive perspective of viewing the world. Culture affects and influences various domains of individual's lives, and, in turn, individuals have an impact on culture and bring forth changes to culture. Culture and cultural beliefs shape the manner in which individuals perceive the cause of mental illness and whom to consult. Research has shown that individuals exposed to Western culture have a more positive attitude towards counselling.

4.2 The role of gender

The following part of the chapter will consider gender with specific reference to the conceptualisation of gender. Subsequently, attitudes towards counselling and the influence of gender on help-seeking behaviour will be highlighted.

4.2.1 Conceptualising gender

The discussion on the conceptualising of gender will focus on defining the concepts of gender, gender roles and gender socialisation.

4.2.1.1 The concept of gender

It is of utmost importance to define the concept of gender and distinguish it from the concept of sex. Sex is ascribed at birth and usually constant, except in the case of genetic anomaly or elective sex change. Sex refers to the biological differences that exist between males and females, particularly in reference to the different external genitalia (Nanda & Warmus, 2007; Risberg, Hamberg, & Johansson, 2006). While sex is biologically determined and assigned at birth, gender is not naturally determined by biology, but rather socially constructed and acquired through a

process of social learning. The learning theory postulates that people learn information and facts from their environment and through a process of association, reinforcement and/or imitation (Taylor *et al.*, 2006). Thus, members of a society learn socially constructed norms, roles and expectations associated with being male or female from their society through association, reinforcement, and/or imitation.

Gender is a social construct that classifies males and females and attaches roles, rights, duties and behaviours to each gender as a culture considers appropriate (Nanda & Warms, 2007). Gender is distinct in society as it categorises and organises humanity. Furthermore, when gender interacts with other organisational and socially structured discourses such as race/ethnicity, age or social class, there is a wide variety of outcomes (Dowsett, 2003; Essed, Goldberg, & Kobayashi, 2005).

4.2.1.2 Gender roles and gender socialisation

Boys and girls are socialised differently; they are educated to have different expectations of life, to develop emotionally and intellectually in particular ways (Helman, 2000). Culture also contributes both explicitly and implicitly to the guidelines set for gender. The emphasis placed on specific gender roles differ across ethnic groups, with certain gender roles expectations being more important in one ethnic group than in another (Vogel, Heimerdinger-Edwards, Hammer, & Hubbarb, 2011).

According to Graef, Tokar and Kaut (2010), gender role socialisation is a process that teaches children and adults socially defined norms of what constitutes gender-appropriate attitudes and behaviours. Through social norms, people learn what is expected of them in their social interactions; similarly, males and females learn what is expected of them through gender role norms. According to Mahalik *et al.* (2003), people learn gender role norms through the following: a) observing how most men and women engage in specific social situations; b) being informed of acceptable and unacceptable behaviour for men and women; and c) observing the behaviour of popular men and women.

The messages that boys receive are internalised and integrated into masculine ideologies (Smith *et al.*, 2008). These ideologies about masculinity serve as a guide to what is acceptable behaviour for men and the meaning ascribed to manhood (Smith *et al.*, 2008). There are socially constructed

notions that have become general beliefs about how men should behave. It is traditionally believed that men should be strong, independent, robust, tough and self-reliant (Courtenay, 2000b).

Femininity, on the other hand, is generally associated with activities that are in stark contrast with masculine activities. Female gender roles traditionally involve activities that include domestic skills, child bearing and rearing responsibilities, provision of emotional support and obedience (Attanapola, 2004; Johannesen-Schmidt & Eagly, 2002). It is generally assumed that the feminine roles women have to fulfil develop naturally without any particular intervention from others. The roles that cultures ascribe to masculinity or femininity are not innately male or female; they rather are socially constructed.

According to Lane and Addis (2005), male roles are defined resulting from masculine socialisation. At times men tend to experience gender role conflict, which is a product of the masculine socialisation. Gender role conflict is defined by Schwartz and Tylka (2008) as the intrapersonal or interpersonal conflict experienced by a man when he rigidly adopts traditional masculine roles. The gender role conflict is experienced by men as a result of the inability to adhere to the gender role constrictions. Kiselica and Englar-Carlson (2010) state that constricted forms of masculinity have a detrimental effect on men and their relationship with others. Although the above authors refer to the effect of gender socialisation and gender role conflict with regard to specifically males, females also experience gender socialisation and may even experience gender role conflict.

4.2.1 Social psychological theories explaining gender

The conceptualisation of gender has been discussed in the previous section and the social psychological approaches were discussed in Chapter 2. The focus of this section is to elucidate how social psychological theories relate to the formation of gender.

The education that takes place during socialisation is to a large extent observational learning and/or operant conditioning. During childhood, children observe the roles and appropriate behaviour that is modelled by adults and peers of the same gender and they imitate the behaviour

(Baron *et al.*, 2006). Children are also encouraged to behave in a particular manner by rewarding the behaviour through positive reinforcement, such as praise and acceptance (Swartz *et al.*, 2011).

The cognitive dissonance theory can be applied to explain the dissonance that individuals experience due to gender role conflict. Gender role conflict is an intrapersonal or interpersonal conflict experienced by an individual who rigidly adopts traditional gender roles (Schwartz & Tylka, 2008). The gender role conflict creates cognitive dissonance; it occurs between beliefs and attitudes and/or behaviour and attitudes. The inconsistency of the gender role conflict creates psychological tension, which motivates individuals to reduce the tension and inconsistency (Bernstein *et al.*, 2006). Dissonance may be reduced by bringing consistency to the attitudes and beliefs and/or attitudes and behaviour regarding gender (Myers, 2008).

Attitude change towards traditional gender roles can be explained through the application of the balance theory. Tension is created by an imbalanced system and the tension experienced motivates change within the system (Davis & Rusbult, 2001). A female may experience tension when an admired individual (female) does not adhere to traditional female gender roles. The individual may experience an imbalance because she adheres to traditional female gender roles. The balance may be restored by: a) having a positive attitude towards non-traditional female gender roles as the admired female, or b) maintaining non-traditional gender roles and reducing the liking of the admired female.

Traditional gender roles also appear to function from a perspective of a social exchange theory. The male and female gender roles are at opposite ends of a continuum, with the male gender roles focusing on providing for the family and being in control, and the female gender roles focusing on being at home, rearing and caring for children (Attanapola, 2004; Courtenay, 2000b; Johannesen-Schmidt & Eagly, 2002). According to the female gender roles, females are emotional, while males are in control of their emotions and can provide direction and stability for the female. The social exchange theory functions in terms of costs and benefits, and an obligation to reciprocate the benefits received (Cropanzano & Mitchell, 2005; Ermer *et al.*, 2006). The male and female gender roles appear to reciprocate the benefits that one gender receives from the other.

4.2.3 Attitudes towards counselling and gender

The following section will focus on adults' attitudes towards counselling and the impact of gender on seeking counselling. Subsequently, students' attitudes towards counselling and the influence of gender on seeking counselling will be discussed.

4.2.3.1 Adults' attitudes towards counselling and gender

Men tend to utilise formal help less often than women do, for a variety of health related concerns (Addis & Mahalik, 2003). There is a discrepancy in the help-seeking behaviour of men and women, with men being less likely to seek psychiatric or counselling services than women do (Courtenay, 2000a; Smith *et al.*, 2008). According to Courtenay (2000a), there is no evidence suggesting that men are psychologically healthier than women, and men tend to be at greater risk for developing substance abuse problems, committing suicide, and engaging in violent behaviour (Lagro-Janssen, 2007; Lane & Addis, 2005).

Men are in need of counselling services as they also experience emotional and psychological difficulties (Courtenay, 2000a). However, traditional counselling and psychotherapy processes and goals tend to be in contradiction with traditional masculine socialisation (Addis & Mahalik, 2003; Reigeluth & Addis, 2010; Vogel *et al.*, 2011.). The incongruity that exists between traditional counselling and traditional masculine socialisation makes counselling services less accessible to men. Traditional masculine socialisation may make men to feel that it is un-masculine to seek counselling and show vulnerability and weakness during counselling (Reigeluth & Addis, 2010). Seeking counselling will be admitting to having a problem. The afore-mentioned is in contrast with the gendered social meanings of men being emotionally in control, self-sufficient and independent (Addis & Mahalik, 2003).

During counselling, some men may find it difficult to relinquish a sense of control and be under the care of a psychologist (Reigeluth & Addis, 2010). The latter is in contradiction with the traditional masculine socialisation that men should always be in control. Traditional masculine norms make it difficult for men to seek counselling and lead men to evaluate traditional counselling negatively. Self-stigmatisation (internalised messages regarding dominant masculine behaviour) may also lead men to evaluate help seeking negatively (Vogel *et al.*, 2011).

Addis and Mahalik (2003) suggest considering the following five factors in order to put men's help seeking into context and taking into consideration the interpersonal and intrapersonal factors. The five factors are perceptions of the normativity of problems, the perceived ego centrality of the problem, the characteristics of potential helpers, the characteristics of social groups to which individual men belong, and the perceived loss of control.

Women are more willing to seek help for a variety of medical concerns and are more likely to seek counselling services (Addis & Mahalik, 2003; Courtenay, 2000a). Gender norms consider women to be more vulnerable and fragile, while men are considered competent and in control. The gender norms make it easy for women to be vulnerable and access psychological help. By contrast, it is difficult for men to seek psychological help, as they are considered competent and in control (Vogel, Wade, Wester *et al.*, 2007).

Although gender differences exist with regard to help seeking, the gender-difference paradigm does not explain the difference that exists among men as a group (Addis & Mahalik, 2003). Some men are willing to and do seek help, while others are not. Financial status and age appear to influence men's help-seeking behaviour. Hodgetts and Chamberlain (2002) indicate that men in the middle and upper classes are more likely to seek help than lower and working-class men. Berger, Levant, McMillan, Kelleher and Sellar (2005) have found that there are differences with regard to psychological help seeking among young men and older men. They indicate that older men tend to have more positive attitudes towards psychological help seeking than younger men do (Berger *et al.*, 2005). The sociocultural theory of the interdependence approach posits that social background has an influence on people's thoughts, feelings and behaviours and thus has an impact on their attitudes towards counselling (Taylor *et al.*, 2006). An individual's social context is valuable when trying to understand the help-seeking behaviour of a particular group, as the social norms and roles in that group need to be understood.

Self-stigma has been found to be an important mediator between masculine norms and attitudes towards seeking psychological help. In a study that tested help-seeking attitudes among men from diverse racial/ethnic groups and sexual orientations, self-stigma was significant in exacerbating underutilisation of counselling services among men (Vogel *et al.*, 2011). Adherence to traditional

masculine norms discourages men from seeking help, as men who have internalised messages concerning masculine behaviour regard seeking help as a sign of weakness (Vogel *et al.*, 2011).

Although there appears to be a general trend in help-seeking behaviour of men and women, the trend is influenced by the gender stereotype that exists in the roles of men and women. Gender systems establish stereotypes for women and men (Liguori & Lamas, 2003). In societies where the gender roles, norms, expectations and behaviours are different from the gender stereotypes, the “general” trend does not apply. The “general” trend also appears to differ among members of a within group (i.e. men or women). Tolhurst *et al.* (2002) provide some explanation for the difference that exists in the utilisation of health-care services among members within a group. Social factors, such as access to and control over resources, decision-making power, gender roles and activities, and gender norms and identities are highlighted as influencing the utilisation of health care services among men and women (Tolhurst *et al.*, 2002). Cultural context, socioeconomic status, ethnic group, and type of household to which an individual belongs influence the relative weight of social factors.

The roles of men and women change over time and place. Currently people engage in different activities compared to traditional activities (Attanapola, 2004). It is important to note that there is significant variability within and across gender groups. The increased access to education for women, increased diversified employment opportunities for women and the decrease in the need for speed and strength in the work market have led to an array of changes among men and women (Attanapola, 2004). The changes in the employment milieu and opportunities available affect the economic status of men and women and these influence gender variations. Not all men and women subscribe and adhere to the traditional roles of masculinity and femininity. According to Addis and Mahalik (2003), not all men or women are the same and individuals do not behave similarly in all help-seeking contexts. Context plays a critical role in deterring or encouraging individuals to seek counselling when they have a positive attitude towards counselling.

Homosexuality also needs to be taken into consideration when discussing issues of gender variability (within and across gender groups). The gender roles of homosexual men and women do not always conform to traditional masculine roles for men and traditional feminine roles for women. There are interpersonal and intrapersonal differences with regard to help-seeking

behaviour. Context also plays a vital role with regard to help-seeking differences that exist between men and women (Addis & Mahalik, 2003; Tolhurst *et al.*, 2002).

4.2.3.2 *Students' attitudes towards counselling and gender*

An investigation into the gender differences among university students has yielded similar results to that of the general adult population. Results from studies conducted on various international university students indicate that female university students hold more positive attitudes towards counselling than male students do (Ang, Lim, Tan, & Yau, 2004; Chang, 2007; Sheu & Sedlacek, 2004; Turkum, 2005). However, the gender difference is not a general norm, as some studies indicate contrary results (Masuda *et al.*, 2005).

Research results among international students within a university in the USA indicate that being female is a significant predictor of positive attitudes towards counselling (Komiya & Eells, 2001). A South African study has shown that female students are more likely to receive counselling than males do (Flisher *et al.*, 2002). In another South African study, the majority of students who underwent psychotherapy were females (72.6%) (Young, 2009). Another South African study conducted in Soweto also indicates that females constitute most (almost two-thirds) of the client population of the counselling service (Seedat *et al.*, 2003). Women are more likely to know someone who has sought psychological help or to be encouraged to seek help (Vogel, Wade, Wester *et al.*, 2007). The latter is consistent with the gender norms prevalent in the broader society.

Some studies have found exceptions to the gender difference regarding attitudes towards help seeking. Masuda *et al.* (2005) indicate that there is no significant gender difference with regard to help-seeking attitudes among Japanese students, although there is a significant gender difference among the USA students. This study indicates that the gender difference with regard to attitudes towards seeking psychological help is not universal. There could be other variables that influence attitudes towards counselling of students from other nationalities. As there is within group variability among gender, there appears to be within group variability between nationality and culture.

4.2.4 Section summary

Culture also plays an important part in the construction of gender roles and norms in a society. Gender generally influences the behaviour of males and females within a society. It provides prescriptions as to what is acceptable for males and females. This, in turn, tends to affect psychological help seeking behaviour. Traditionally, women are considered sensitive and emotional, thus affording women the opportunity to be openly vulnerable. This enables them to seek counselling services or psychological help. Traditional masculine roles have put men in a position of power and control, which does not allow a place for vulnerability. Traditional masculine roles thus restrict men from seeking counselling services or psychological help. However, the shift in the perception of what constitutes gender roles has made it possible for men to seek counselling. The flexibility of gender roles has enabled men to become more willing to seek counselling.

Students' use of and willingness to seek counselling appear similar to that of the general population. Female students are more willing to seek help than male students are. This is, however, not a general trend, as some male students (depending on the country of origin and cultural values) do tend to seek counselling.

4.3. Conclusion

In this chapter, the concept of culture and gender was explored. The chapter investigated the influence that culture and gender has on attitudes towards counselling. In the first section of the chapter, there was a discussion on the concept of culture, components of culture and clarification of terms, which are often used interchangeably. Social psychological theories explaining culture were highlighted. Studies relating to the influence of culture on attitudes towards counselling were discussed.

The subsequent section investigated the concept of gender, gender roles and socialisation. Social psychological theories explaining gender were also illuminated. Research pertaining to the influence of gender on attitudes towards counselling was explored.

CHAPTER 5

METHODOLOGY

This chapter entails a discussion of the methodology employed in this research study. The chapter will begin with the research rationale leading to the purpose and aim of the research. The discussion will then progress to the research design and approach used in this research. Research participants and sampling procedures utilised in this research study will be discussed. Subsequently, attention will be drawn to the data collection procedures and analyses employed in this research study. Issues relating to the ethical considerations when conducting research in general and with students specifically are also highlighted. Lastly, the chapter will focus on issues of trustworthiness.

5.1 Research rationale, aims and questions

Counselling has been identified as an effective tool in treating and reducing the risk of developing mental disorders (Smith *et al.*, 2006). Students can benefit from counselling, as it will afford them the opportunity to work through their stressors and consequently be able to succeed in their studies. Students' attitudes towards counselling play a pivotal role in determining whether students will seek counselling or not when a need arises. In South Africa, little research has been conducted on people's attitudes regarding counselling. Some authors suggest that the South African population is hesitant to consult psychologists (Kagan, 2006; Taubes & Ancer, 2008). The hesitancy or caution the South African population displays is attributed to stigma and myths associated with consulting a psychologist (Kagan, 2006).

South Africa is a diverse country with a significant portion of the population having strong African cultural beliefs regarding health and mental health issues (Ruane, 2010). African worldviews, which are embedded in cultural beliefs, are not homogenous, although some commonalities exist among different cultures (Samuilhan & Seabi, 2010). Culture informs individuals of norms. It also affects individuals' perceptions of and reactions to health or ill health. As a result, cultural beliefs may influence individuals' attitudes towards counselling. It

was thus important in this study also to investigate cultural differences in students' attitudes towards counselling.

Socially constructed gender roles ascribed to males and females appear to influence the extent to which males and females are comfortable with seeking counselling. Males are expected to be strong, independent and robust, while female gender roles are in direct contrast to those of males (Attanapola, 2004; Courtenay, 2000b). Various international studies have indicated that females are more likely to seek counselling than males (Addis & Mahalik, 2003; Courtenay, 2000a; Sheu & Sedlacek, 2004; Smith *et al.*, 2008). However, the diverse and complex campus environment may influence students' traditional gender roles and, therefore, alter their perceptions of counselling. Thus, it was deemed imperative for this study to investigate the gender differences with regard to students' attitudes towards counselling.

The aim of the research was to explore students' attitudes towards the utilisation of counselling. The research also explored how stigma (public and self-stigma), anticipated risk and utility associated with disclosing personal information influenced students' attitudes towards counselling. The research also investigated whether gender and/or cultural differences exist in students' attitudes towards counselling.

Therefore, the following research questions were investigated:

1. What attitudes do students (with and without counselling experience) have towards counselling?
2. Are there any differences in students' attitudes towards counselling across different genders (male and female), cultural groups (Sesotho/Setswana- and Afrikaans-speaking) and counselling experiences (with and without current/previous counselling experiences)?
3. How well do stigma (public and self-stigma), anticipated risk and utility associated with disclosing personal information predict students' attitudes towards counselling? In other words, how much variance in student attitude can be explained by stigma (public and self-stigma), anticipated risk and utility associated with disclosing personal information?

5.2 Research design and approach

In this study, an exploratory research approach incorporating a mixed methods design was employed.

Exploratory research is undertaken when a relatively new or unknown phenomenon is investigated and often the results of such research lead to future research that tests new ideas on broader populations (Dahlberg & McCaig, 2010; McTavish & Loether, 2002). Exploratory research uses open and flexible approaches to investigate for new insights regarding a phenomenon (Durrheim, 2006). In South Africa, there is limited research regarding students' attitudes towards counselling. This research study thus aimed to enrich the information base that already exists and to provide new insights regarding students' attitudes towards counselling.

A mixed methods design was employed by the researcher. A mixed methods design is defined by Tashakkori and Creswell (2007) as research in which both quantitative and qualitative methods are used in a single study to collect and analyse data, integrate findings and draw inferences. Integrating quantitative and qualitative research designs provides potential to add more depth, breadth and value to the findings. Mixed methods research can add insight and/or understanding, which could be missed when employing a single-method approach (Creswell & Plano Clark, 2011).

The strength of a mixed methods design is that the weakness of one approach can be compensated for by another approach (Creswell & Plano Clark, 2011). Another strength cited by Tashakkori and Teddlie (2003) is the ability to corroborate and explore questions simultaneously within a single study. Mixed methods designs provide stronger inferences (Tashakkori & Teddlie, 2003). Inferences made from one component (quantitative component) of the study can be supported by results obtained from another component (qualitative component).

Creswell and Plano Clark (2011) state that a variety of data sources and analyses are beneficial when studying a social phenomenon to understand complex multifaceted realities in full. Through mixed methods designs, researchers are enabled to use a variety of data collection tools and analyses available, rather than being restricted to data collection tools and analyses typically

associated with only quantitative or qualitative research (Creswell & Plano Clark, 2011; Tashakkori & Teddlie, 2003).

A major weakness of mixed methods designs is that it is a relatively new research design, compared to the longstanding quantitative and qualitative research designs. Tashakkori and Teddlie (2010) report that there are some disputes among scholars regarding the type of language to use when using mixed methods designs. The dispute with regard to language is whether to utilise a bilingual nomenclature (system of naming things) that employs both qualitative and quantitative terms for basic issues or create a new language for mixed methods that gives a common name of the existing set of qualitative and quantitative terms. The third option is to combine the first two afore-mentioned options by presenting new mixed method terms that are integrated with well-known quantitative and qualitative terms (Teddlie & Yu, 2007). Creswell and Plano Clark (2011) report that mixed methods designs are not widely used and a researcher has to defend its use vigorously, compared to using the traditional quantitative or qualitative research design. Other challenges regarding mixed methods designs relate to time and resources (Creswell & Plano Clark, 2011). Extensive time and resources may be required to collect and analyse both quantitative and qualitative data for a single study.

A mixed methods design was used in this study because the quantitative and qualitative components provided depth and breadth to understanding students' attitudes towards counselling. The quantitative component provided statistical information regarding particular variables and the qualitative component gave in-depth information relating to students' attitudes towards counselling. The use of a variety of data sources and analysing procedures provided the researcher with a better understanding of the complexities of the phenomenon being studied.

5.3 Research participants and sampling procedures

The population group of interest to this study consisted of South African students from the University of the Free State, Bloemfontein Campus. The population group of this study included only third-year students with and without current/previous counselling experience. Students with current/previous counselling experience should have received counselling from student counselling and development at the university. The restriction to only students who have received

counselling at the university was to standardise the type and quality of counselling received by all research participants.

The sample was further selected based on culture group. The multifaceted nature of culture was discussed in detail in Chapter 4. In this study, culture was operationalised in terms of language and race. The two cultural groups selected for this study were white Afrikaans-speaking students and black Sesotho-speaking students. Black Setswana-speaking students were also included as part of the study as they fall within the Sotho group linguistically and their cultural practices are largely similar. The black Sesotho- and Setswana-speaking students will henceforth be referred to as black Sesotho/Setswana-speaking students. The university attracts a significant portion of its student population from the Free State Province where the two major languages spoken are Afrikaans and Sesotho. The two cultural groups were selected, as they would provide insight regarding the role of culture on students' attitudes towards counselling.

Male and female students were included in this study to investigate whether there were any gender differences with regard to attitudes towards counselling.

The following exclusion criteria were applied: all international students, students from other institutions of higher learning, first- and second-year students, students belonging to other racial and language groups, as well as students who have received any form of counselling elsewhere (not from student counselling and development at the university).

Third-year students were approached on campus to be part of the study during lectures and residence meetings. Furthermore, third-year students with current/previous counselling experience were identified at the student counselling and development centre at the University of the Free State.

5.3.1 Quantitative sampling procedures

Convenience sampling was used to find participants for the quantitative component of the study. Convenience sampling is a non-probability sampling technique where samples are included in a study based on convenient accessibility and proximity (Durrheim & Painter, 2006). The disadvantage of convenience sampling is that the sample selected is not representative of the population group being studied (Bernard, 2013). A convenience sample of students who

volunteered and met the criteria for the study was used to gather data for the quantitative component of the study.

The final sample consisted of 212 participants (84 males and 125 females) drawn from the third-year student population of the University of the Free State. From the total sample, there were 80 students with current/previous counselling experience and 132 students with no current/previous counselling experience. One-hundred and twenty-nine students were from the Sesotho cultural group and 82 students were from the Afrikaans cultural group. More information regarding the sample (such as their age distribution and knowledge of counselling), will be provided in the results section.

5.3.2 Qualitative sampling procedures

In this study, purposive sampling (Plano Clark & Creswell, 2008) was used to select participants. In purposive sampling, the researcher selects a sample based on the knowledge of a population and its elements and the purpose of the study (Babbie, 2010). When purposive sampling is employed, the researcher decides on the purpose participants need to fulfil and participants are selected because they are likely to provide relevant and valuable information (Bernard, 2013; Tashakkori & Teddlie, 2003). In this study, purposive sampling was employed to select individuals purposefully with and without current/previous counselling experiences from both the white Afrikaans-speaking group and the black Sesotho/Setswana-speaking group.

Snowball sampling was also used to find participants for the qualitative component of the study. Snowball sampling is a technique in which potential participants are identified by asking current participants to identify other possible participants through their contacts (Bernard, 2013; Durrheim & Painter, 2006). Students who participated in the study were asked to suggest other third-year students with current/previous counselling experience. The advantage of the snowball technique is that it assists and makes it easier to identify relevant participants for a study. The disadvantage is that the sample is not representative of the population and the researcher must be cautious about generalising the results (Bernard, 2013).

Participants for the qualitative part of the study consisted of 22 participants, 13 participated in nominal group discussions and 9 participated in individual interviews.

The first nominal group discussion conducted among students without current/previous counselling experience consisted of nine group members (five females and four males). The second group with students with current/previous counselling experience consisted of four group members (two males and two females). All 13 participants participating in the group discussions were black Sesotho/Setswana-speaking students.

The participants in the individual interviews comprised five students (three females and two males) without current/previous counselling experience and four students (two males and two females) with current/previous counselling experience. Five participants were black Sesotho/Setswana-speaking, while four were white Afrikaans-speaking students.

5.4 Procedures of data collection

The following discussion will start with data collection procedures for the quantitative component of the study and then proceed to the qualitative data collection procedures.

5.4.1 Quantitative procedures

Structured self-report questionnaires were employed to collect data for the quantitative component. The advantage of using structured self-report questionnaires is that all participants receive the same questions and there is no concern regarding interviewer bias or response effects based on the interviewer's features (Bernard, 2013). Another advantage is that complex questions can be asked and long batteries can be utilised when using structured self-report questionnaires (Bernard, 2013). In self-report questionnaires, more questions that are personal can be asked as participants' perceived anonymity is relatively high and participants do not feel the need to impress anyone (Johnson & Turner, 2003).

Although there are advantages in using structured self-report questionnaires, there are also some disadvantages associated with using this data collection method. The researcher has no control over how the participants interpret questions (Johnson & Turner, 2003). Some participants may display response set bias, which refers to conveniently selecting the same response rather than considering response alternatives after reading each question (McTavish & Loether, 2002). Self-report questionnaires may also result in some missing data, as participants are not guided through the questionnaire (Johnson & Turner, 2003).

Structured self-report questionnaires were used in this study as the questions asked were personal and it allowed for anonymity, thus providing participants the space to respond openly and honestly. All participants received a structured questionnaire consisting of a battery of self-report scales.

The structured questionnaire used in this study was divided into three parts (see Appendix A). The first part consisted of a consent form, which provided participants with brief information about the purpose of the study, the procedure to be followed should they consent to participate in the study, the benefits of participating in the study, and the voluntary and confidential nature of the study. The second part of the questionnaire consisted of biographical questions such as the participants' age, gender, home language and race. In this section, students also indicated whether they had or were consulting a psychologist at that stage. The third part of the questionnaire consisted of a battery of existing scales, which will be discussed in the following sections.

5.4.1.1 Attitudes Towards Seeking Professional Psychological Help: Short Form (ATSPPH-SF)

The *Attitudes Towards Seeking Professional Psychological Help: Short Form (ATSPPH-SF)* is a single-construct questionnaire that assesses students' attitudes towards seeking professional help for psychological problems (Fischer & Farina, 1995). The short form was developed by Fischer and Farina from Fischer and Turner's (1970) 29 item scale used to measure attitudes towards seeking professional psychological help. The scale consists of 10 items. Each item is rated on a 4-point Likert-type scale ranging from *disagree* (1) to *agree* (4). According to Fischer and Farina (1995), the internal consistency of this scale is 0.85 for students at an American university. A South African study conducted amongst students has found that the internal consistency of the scale was 0.77 (Samouilhan & Seabi, 2010). Although this is somewhat lower than the American use of the scale, it is still high and the reliability for the use of the instrument in South Africa is thus indicated. In the current study, the Cronbach alpha coefficient for this scale was 0.773.

5.4.1.2 Stigma Scale for Receiving Psychological Help (SSRPH)

The *Stigma Scale for Receiving Psychological Help (SSRPH)* is a single-construct questionnaire and it is used to assess perceptions of public stigma associated with seeking psychological treatment. The SSRPH is a five-item questionnaire, with questions rated on a 4-point Likert-type

scale, ranging from *strongly disagree* (0) to *strongly agree* (3) (Komiya *et al.*, 2000). The internal consistency coefficient of this scale was reported to be 0.72 for American students at a mid-western university (Komiya *et al.*, 2000). In a study conducted by Vogel *et al.* (2006), the internal consistency of this scale was 0.76 for students at an American university. No evidence could be found for the previous use of this scale in South Africa. In the current study, the Cronbach alpha coefficient of this scale was 0.832.

5.4.1.3 *Self-Stigma of Seeking Help Scale (SSOSH)*

The *Self Stigma of Seeking Help Scale (SSOSH)* is used to assess self-stigma associated with seeking psychological help and it is a single-construct questionnaire. The SSOH scale is a 10-item questionnaire, which is rated on a five-point scale ranging from *strongly disagree* (1) to *strongly agree* (5). Higher scores on this scale indicate greater self-stigma. In various studies on American students, Vogel, Wade and Haake (2006) report internal consistency scores ranging from 0.88 to 0.91. No evidence could be found for the previous use of this scale in South Africa. In the current study, the Cronbach alpha coefficient for this scale was 0.644.

5.4.1.4 *Disclosure Expectation Scale (DES)*

The *Disclosure Expectation Scale (DES)* is used to assess students' perception of anticipated risks and benefits associated with seeking help from a psychologist (Vogel & Wester, 2003). It is an eight-item questionnaire with two subscales: the Anticipated Utility subscale and the Anticipated Risk subscale, each with four items. The two subscales are minimally correlated ($r = -0.19$) (Vogel & Wester, 2003). Each item is rated on a five-point Likert-type scale ranging from *not at all* (1) to *very true* (5) (Vogel & Wester, 2003). In a study conducted amongst American students from a mid-western university (Vogel & Wester, 2003), the internal consistency were 0.83 for the Anticipated Utility subscale and 0.74 for the Anticipated Risk subscale, respectively. No evidence could be found for the previous use of this scale in South Africa. In the current study, the Cronbach alpha coefficient was 0.863 for the Anticipated Utility subscale and 0.700 for the Anticipated Risk subscale.

5.4.2 Qualitative procedures

The second section of data collection involved the qualitative component. In the qualitative component of the study, the nominal group technique and semi-structured interviews were used to gather data. The nominal group technique and semi-structured interviews were used as qualitative research methods in order to gain an in-depth understanding of students' attitudes regarding counselling.

5.4.2.1 Nominal group technique

The nominal group technique is a structured, multi-step facilitated focus group (Castiglione, Shewchuk, Willett, Heudebert, & Centor, 2008). At the beginning of the group discussion, the group moderator informs the participants about ground rules regarding confidentiality and consent forms are given to participants (Harvey & Holmes, 2012).

The technique is divided into four steps. The first step of a nominal group is the silent generation of ideas on a specific question; the participants are given enough time to silently write down their ideas on paper (Castiglione *et al.*, 2008; Tuffrey-Wijne, Bernal, Butler, Hollins, & Curfs, 2007). During the second step, participants share their ideas by using a round-robin style to afford each participant an opportunity to share their ideas (Castiglione *et al.*, 2008; Harvey & Holmes, 2012). The moderator uses a flip chart to record ideas shared by participants. The third step involves a group discussion or clarification about the ideas that were shared (Harvey & Holmes, 2012). During this step, the group moderator reads the ideas written on a flip chart and clarification is asked, where necessary (Tuffrey-Wijne *et al.*, 2007). The fourth step involves the ranking of ideas through a voting process (Castiglione *et al.*, 2008; Harvey & Holmes, 2012). Participants are asked to prioritise and rank the recorded ideas about each question (Harvey & Holmes, 2012).

There are advantages in using the nominal group technique. It is more structured than brainstorming or general group discussions and the process prevents the domination of a discussion by a single person (Boddy, 2012; Harvey & Holmes, 2012). The group moderator does not have to remember the outcome of the group discussion, as there is a visual representation at the end of the session (Boddy, 2012). The nominal group technique also minimises distraction (communication 'noise') inherent in other group methods (Boddy, 2012; Harvey & Holmes,

2012). Furthermore, the nominal group technique does not focus on one strain of thought at a time, because participants give their ideas in a round-robin manner (Boddy, 2012).

A disadvantage of the nominal group technique may occur when a group moderator wants to attempt to create artificial consensus (Harvey & Holmes, 2012). Another disadvantage is that moderator bias may influence the group discussion and results (Johnson & Turner, 2003).

The nominal group technique was chosen for this study, as it is a highly structured method to collect information from a group. It allows all participants within the group to participate at an equal level. The nominal group technique also allows for a large variety of responses as each individual response is based on what participants have noted down during the silent generation of ideas.

Two nominal group discussions were held with the participating third-year students. One nominal group discussion was amongst students with current/previous counselling experience and another was amongst students with no current/previous counselling experience. The nominal groups were conducted in English. At the beginning of the group discussion, students were provided with consent forms to read through and sign, should they agree to participate in the study (see Appendix B). Ground rules regarding confidentiality were also addressed with the students. All participants were given two questions around which to generate ideas. The two questions posed to all participants during the group sessions were the following:

- a. What are students with no current/previous experience of counselling attitudes towards students with current /previous experience of counselling?
- b. What is your own attitude towards students with current/previous experience of counselling?

During the clarification phase of the group discussion, male and female participants had an opportunity to voice ideas regarding the ideas that were shared.

Each of the nominal group sessions took an hour and a half to two hours to conduct. All the sessions were recorded and transcribed verbatim (see Appendix C for an example of a transcription).

5.4.2.2 *Semi-structured interviews*

Individual semi-structured interviews were conducted to gain more in-depth and personal information regarding participants' attitudes towards counselling. Semi-structured interviews are used for a vast array of purposes. Their use ranges from obtaining information from a particular person with specialist knowledge, to exploring the views of a sample of individuals from a particular population (Bernard, 2013). In a semi-structured interview, the general direction of the interview is outlined in advance with an interview guide (Bernard, 2013; Dyer, 2006). The points on the interview guide may be open-ended questions or general topics (Newing, 2011). The interview flows so that a conversation develops. The wording and order of the points are not fixed. The participant's response to each question can be followed up with a further question or commented upon by an interviewer, while the content in the participant's answers guides the questions (Dyer, 2006; Newing, 2011). Semi-structured interviews are more flexible and more targeted than unstructured interviews are (Newing, 2011).

There are advantages to using semi-structured interviews. Firstly, they provide rich and detailed data about individual experiences and perspective can be gained. The likelihood of generating useful data is increased by the researcher's control over the data produced. The flexibility of the interview provides an opportunity to probe and ask unplanned questions (Bless, Higson-Smith, & Sithole, 2013). An interview requires a small number of questions to generate adequate data. Lastly, an interview is ideal for sensitive issues, as a skilled interviewer is able to talk about sensitive issues in a private environment (Braun & Clarke, 2013).

There are also disadvantages to semi-structured interviews. They are time consuming for a researcher to organise, conduct and transcribe. Interviews are also time-consuming for the participants, as they often take longer than questionnaires to complete (Bless *et al.*, 2013). Interviews lack breadth as smaller sample sizes are required. Lack of anonymity may dissuade some participants from providing sensitive information (Braun & Clarke, 2013).

Nine individual interviews were conducted. After participants provided consent (see Appendix D), a series of semi-structured questions were asked in a facilitated discussion. These questions included:

- a. What are students with no current/previous counselling experience attitudes towards students with current/previous counselling experience?
- b. What are male and female students' attitudes towards counselling?
- c. What is your own attitude towards students with current/previous counselling experience?

All the sessions were recorded and transcribed verbatim (see Appendix E for an example of a transcription).

5.5 Data analyses

In the following section, the analyses of the quantitative and qualitative data will be discussed. The quantitative data were analysed using multivariate analysis of variance (MANOVA) and multiple regression analysis. Thematic analysis was employed to analyse the qualitative data.

5.5.1 Quantitative data analysis

Basic descriptive statistics was conducted regarding the biographical data. The reliability (internal consistency) of each scale was determined by calculating the Cronbach alpha coefficient of each scale. Next, multivariate analysis of variance (MANOVA) and multiple regression analyses were used to analyse the quantitative data from the questionnaires.

Multivariate analysis of variance enables a researcher to explore differences between groups (Giles, 2002). It is used to analyse data when more than one dependent variable is investigated. In this study, MANOVA was used to determine whether there any differences in students' attitudes towards counselling across different genders (male and female), cultural groups (Sesotho/Setswana- and Afrikaans-speaking groups) and counselling experiences (with and without current/previous counselling experience). The independent variables were *gender* (male and female), *cultural group* (Sesotho/Setswana- and Afrikaans-speaking) and *counselling experience* (with and without current/previous counselling experience). The dependent variables were *attitude towards counselling*, *public stigma*, *self-stigma*, *anticipated risk* and *utility of disclosing personal information*. Significant results on the MANOVA were followed with one-way analyses of variance (ANOVAs). This was done to determine which dependent variables

showed significant differences. The practical significance of the results was investigated by determining the effect sizes. Cohen's (1992) guidelines were used.

Multiple regression analysis is a correlational technique used to evaluate relationships between predictor variables and one criterion variable (Evans & Rooney, 2011). In this study, multiple regression analyses were used to explore the relationship between several predictor variables (public stigma, self-stigma, anticipated risk and utility associated with disclosing personal information) and the criterion variable (attitude towards counselling). This was done to determine how much variance in student attitude can be explained by stigma (public and self-stigma), anticipated risk and utility associated with disclosing personal information.

5.5.2 Qualitative data analysis

The nominal group technique provides a preliminary analysis of qualitative data based on the ranking each participant makes during the group discussion. Some authors have indicated that the rankings provided by participants could be used to prioritise themes (Annang, Hannon, Fletcher, Horn, & Cornish, 2011; Castiglioni *et al.*, 2008; Tuffrey-Wijne *et al.*, 2007). To add to this, thematic analysis was also employed.

Thematic analysis is a process that involves identifying, analysing and reporting themes within a data set through meticulous reading of a data set (Braun & Clarke, 2006; Fereday & Muir-Cochrane, 2006). Thematic analysis treats what people say as a "window" into their world (Silverman, 2011).

The advantage of thematic analysis is that it can be applied independent of theory and epistemology and can be applied across a range of theoretical and epistemological approaches. Thematic analysis is a flexible and useful research tool that can be used potentially to provide a complex, rich and detailed account of data (Braun & Clarke, 2006). Another advantage of thematic analysis is that it can be learned with relative ease and can be applied by a novice (Braun & Clarke, 2006).

Braun and Clarke (2006) provide some guidelines to the process of doing thematic analysis. Their six steps of analysis are not intended to be rules, but rather guidelines that are applied flexibly to fit the research question and data. Creswell (2003) also provides general guidelines regarding the

phases of qualitative data analysis. There are some similarities with the steps provided by the above authors and the basic process of doing the analysis is similar (Braun & Clarke, 2006; Creswell, 2003).

The first phase entails familiarising oneself with the data. Transcribing data and reading thoroughly through the transcribed data are a useful way of beginning to familiarise oneself with the data (Braun & Clarke, 2006; Creswell, 2003). The second phase entails generating codes. Coding is best done with transcribed data. It involves identifying several passages and linking them together with a name for that idea (code) (Gibbs, 2007). All text within the data set that exemplifies the same idea is coded using the same code. The third phase is searching for themes; all codes are assembled into potential themes by sorting identified codes into potential themes (Braun & Clarke, 2006).

The fourth step is reviewing themes. Themes are reviewed on two levels. Initially a review is conducted on the coded data extracts and then on the entire data set. For the initial phase of reviewing, all the coded extracts need to be read through to check if they are coherent with the theme. For the second level, a review of the themes in relation to the entire data set is conducted by going through the coded extracts and the entire data set (Braun & Clarke, 2006). The fifth step involves defining and naming themes by a process of continuing to analyse and refine the themes (Braun & Clarke, 2006; Creswell, 2003). Clear definitions and names for each theme are produced. The sixth step involves compiling a report (Braun & Clarke, 2006; Creswell, 2003). This final step involves the researcher making a final analysis of the data and selecting examples of the clear compelling extracts. Information from the research literature is also added (Braun, & Clarke, 2006; Creswell, 2003).

In this research, nominal group and individual interviews discussions were transcribed to enable the researcher to conduct thematic analysis of the data. Two examples of the transcriptions are provided, one example of a nominal group discussion and another of the individual interviews (see Appendix C and E).

5.6 Ethical considerations

Research involving human participants must be reviewed by the institution's review board (e.g. university research ethics committee) to ensure that participants' rights and interests are protected (Babbie, 2010). Written permission was obtained from the ethics committee of the Faculty of the Humanities after the research proposal had been considered by the Department of Psychology (see Appendix F). Written permission to gather data from students was also obtained from the Dean of Student Affairs (see Appendix G). The student counselling and development centre granted the researcher permission to approach students at the centre who had current/previous experience of counselling to be part of the study. The student counselling and development centre also assisted to a degree to identify third-year students who have utilised their services. The centre only provided students' contact details and their names. Students were given the opportunity to accept or decline to participate in the study. The Assistant-director of Residence Life gave authorisation and informed the residence heads about the research, as well as assisted in coordinating the distribution of questionnaires to residences on campus. Lecturers at the Department of Psychology were also approached to gather data from students at the end of a lecture.

The standard components of informed consent include providing the research participants with appropriate information to allow them to make an informed decision regarding whether to participate in a research project or not (Wassenaar, 2006). Largent, Grady, Miller and Wertheimer (2012) state that providing informed consent requires a participant to have adequate information, understand the information provided and be competent to make a decision. Largent *et al.* (2012) also state that a participant's decision to participate in a research study should be voluntary. Participants should also be made aware of the voluntary nature of participation and that they have the freedom to withdraw from the research at any time (Wassenaar, 2006).

In this study, each student was provided with a consent form to read through carefully and sign before participating in the study. Written consent is given by research participants in both the qualitative and quantitative research methods (see Appendix A, B and D). The participants' consent form clearly articulated the purpose and aim of the research. The procedure to follow should a participant consent was also stated in the consent form. The benefits of participating in this research were also briefly stated, as well as the voluntary and confidential nature of the

research. The consent form for the nominal group discussions and individual interviews informed participants about the use of audio recording. All the participants remained anonymous and participation in the study was voluntary.

Ethical consideration with regard to non-maleficence and beneficence were also considered. The principle of non-maleficence refers to a researcher ensuring that participants do not experience any harm (Chambliss & Schutt, 2013; Van der Wal, 2004). Harm or wrongdoing towards participants may be a direct or indirect result of participation in a research study. Such harm or wrongdoing should be avoided or minimised (Babbie, 2010). The related principle of beneficence refers to maximising the benefits that the participants will gain from participating in the research (Wassenaar, 2006). The principle of beneficence requires that researchers should promote the welfare of people (Bless *et al.*, 2013). During this research, the researcher considered possible harm that would result from participating in the research and no potential harm was anticipated towards any of the research participants. Students at the university can benefit from the research, as findings from the research can provide the university with information of student's attitudes towards counselling and possible ways of making counselling services more approachable to students.

Compensation or inducement to participate in a research is a thorny discussion, which has elicited debate among researchers as research becomes more commercialised. Largent *et al.* (2012) indicate that compensation or inducement compromises the participants' voluntariness, as it influences decision-making. However, if research is not risky and adequate information is provided to participants, compensation or inducement will not cloud a participant's better judgement (Van der Walde, 2005). In this study, participants were not exposed to risk and adequate information was provided to them. An on-campus restaurant voucher was used as an incentive to attract participants to be part of the nominal group discussion and individual interviews.

5.7 Issues of trustworthiness

Quantitative and qualitative research methods are employed in the same study when mixed methods research is used by a researcher. Therefore, methodological triangulation is built into

mixed methods research. However, a researcher using mixed methods has to demonstrate the rigour of both the quantitative and qualitative aspects of the research (Bless *et al.*, 2013). Both quantitative and qualitative methods need to ensure that methods used in a study are reliable and the conclusions are valid (Silverman, 2000).

The quality of the quantitative parts of a study is evaluated in terms of the validity and reliability of measurements (Van der Riet & Durrheim, 2006). The validity and reliability of the scales employed in this study are discussed earlier in the chapter. The quality of the qualitative parts of a study is evaluated through its trustworthiness, based on credibility, transferability, dependability and confirmability (Bless *et al.*, 2013). The trustworthiness of the study will be discussed in the following section.

Credibility corresponds to the concept of internal validity, as the research must prove that the findings portray the truth of the reality being studied (Bless *et al.*, 2013; Van der Riet & Durrheim, 2006). High credibility in a study is achieved by demonstrating the ‘appropriateness and overall internal logic of the research questions, the study design, the data collection method and the approach to data analysis used’ (Bless *et al.*, 2013, p. 236). The researcher can employ different data sources to ascertain whether the results of the different data sources will provide similar findings (Denscombe, 2010; Van der Riet & Durrheim, 2006). In this study, the researcher used triangulation of different data sources (focus groups, semi-structured interviews and structured questionnaires) to address the issue of credibility. The different data sources were used to check whether they provided similar findings.

Another component of trustworthiness is *transferability*. Transferability can be compared to external validity as it refers to the extent to which findings can be transferred or applied to other settings, with similar situations (Bless *et al.*, 2013; Lichtman, 2014). Transferability addresses the concern of representativeness, as samples are usually small in qualitative research. Transferability refers to the extent to which findings can be applied to other settings or entities (Kelly, 2006). To enable a foundation for transferability and to enable other researchers to make comparisons to their study, a researcher must provide a detailed description of the context in which data were collected and a detailed description of a research situation and context (Bless *et al.*, 2013; Kelly, 2006; Van der Riet & Durrheim, 2006). In this research, the researcher provided a description of

the context in which data were collected, and a detailed description of the research situation and context to assure the transferability of findings.

Dependability is a concept similar to, but not the same as reliability. Dependability refers to the degree to which the reader can be convinced that the findings did indeed occur (Van der Riet & Durrheim, 2006). A researcher has to describe and follow a clear and thoughtful research strategy. Findings are trusted that they are dependable when a researcher describes how data were collected, recorded, coded and analysed (Bless *et al.*, 2013; Van der Riet & Durrheim, 2006). Dependability was achieved in this study by providing describing and following clear research strategy. Dependability is also achieved by describing how data were collected, recorded, coded and analysed.

Confirmability refers to the extent to which other researchers will be able to obtain similar findings by following a similar research process in a similar environment (Bless *et al.*, 2013). Confirmability also refers to the degree to which the findings of the study are true and accurate, reflecting the purpose of the research and the current reality (Patton, 2002). A researcher's critical evaluation of the methodology employed increases confirmability of a research (Bless *et al.*, 2013). It enables the reader to determine how far the data and constructs emerging from it may be accepted. It must be evident that findings are developed from the data and not from the researcher's personal biases. The use of direct quotations increases confirmability as findings are then fixed in the voices of participants. In this study, the methodology is critically evaluated and findings are supported using direct quotations.

Researcher reflexivity refers to explicit recognition of a researchers' role in the research process, including the assumptions with which a researcher operates, the researcher's identification and dis-identification with participants and the possible influence on the research process (Eagle, Hayes, & Sibanda, 2006). Reflexivity is an important component to trustworthiness, as other researchers can determine whether, or how, the researcher's perspectives influences conclusions (Chambliss & Schutt, 2013). During the writing process, researchers should explicitly acknowledge their role in the research process (Eagle *et al.*, 2006).

5.8 Conclusion

In this chapter, the purpose and aim of research were discussed, with research questions clearly articulated at the beginning of the chapter. The research design, a mixed methods design, was discussed in detail and the advantages and limitations of mixed methods designs were articulated. The exploratory research approach was also highlighted.

Attention was drawn to the research participants and sampling procedures. The manner in which data were collected and analysed was also discussed. Ethical considerations were also highlighted. Finally, attention was given to the issues of trustworthiness in qualitative research.

In the next chapter, the focus will shift to the presentation of results obtained from the quantitative and qualitative data analysis.

CHAPTER 6

RESULTS AND DISCUSSION

This chapter will focus on the results of the quantitative and qualitative sections of the research. The results of the quantitative section pertain to the statistical information regarding the differences in students' attitudes towards counselling across different genders, cultural groups and counselling experiences, as well as how much variance in students' attitudes towards counselling can be explained by stigma, anticipated risk and utility associated with disclosing personal information. The qualitative section will provide the results regarding students' attitudes towards counselling. Lastly, an integrated discussion of the results will be presented.

6.1 Results pertaining to the quantitative section of the research

This section of the chapter will focus on the quantitative results. The section will commence with the demographic information regarding the research participants. The results regarding differences in students' attitudes towards counselling (results from the MANOVA) and the factors influencing students' attitudes towards counselling (related to the multiple regression analysis) will be presented. Lastly, a summary of the most prominent quantitative findings will be provided.

6.1.1 Demographic description of the sample

The sample for the quantitative section of the research comprised 212 participants drawn from the third-year student population of the University of the Free State. In Table 1, a summary of the demographic characteristics of the sample is provided.

Table 1: Distribution with regard to demographic variables

Demographic variable		N	%
Age	19 yrs	6	2.8
	20-22 yrs	186	87.7
	23-32 yrs	13	6.2
	Not answered	7	3.3
Gender	Male	87	41
	Female	125	59
Cultural group	Sesotho/Setswana	129	60.8
	Afrikaans	82	38.7
	Not answered	1	0.5

The majority of participants (87.7%) were aged between 20 and 22 years. Students who enter university the year after they had matriculated are usually 18 years of age (during their first year). Third-year students are thus estimated to be between 20 and 22 years of age.

With regard to gender, the sample consisted of 59% females and 41% males. Regarding the racial distribution, 60.8% of the sample came from the Sesotho/Setswana-speaking group and 38.7% from the Afrikaans-speaking group. The gender distribution of the general UFS population of senior students (according to statistics from Student Academic Services) is 65.68% female and 34.32 % male. The racial distribution is 68.54 % Black and 25.57% White (with the other 5.89% from other cultural groups). This sample is thus roughly proportional to the general population of senior students at the UFS.

Information pertaining to participants' awareness of the student counselling and development centre on campus, as well as current/previous counselling experience at this centre are provided in Table 2.

Table 2: Students' awareness and experience of counselling at the student counselling and development centre on campus

		N	%
Awareness of the centre	Yes	184	86.8
	No	28	13.2
Current/previous counselling at the centre	Yes	80	37.7
	No	132	62.3

Of the current sample of students, 86.8% were aware of the student counselling and development centre on campus, while 13.2% of the sample of students were not. The sample furthermore consisted of 37.7% participants with current/previous counselling experience and 62.3% with no current/previous counselling experience.

Of the 86.8% of the participants who indicated that they were aware of the student counselling and development centre on campus, only 83.5% indicated how they had become aware of the centre. The variety of resources that made participants aware of the centre is indicated in Table 3.

Table 3: Information sources regarding the student counselling and development centre

	N	%
Friends, family, other students	59	33.3
Hostel, residence meetings, campus activities	59	33.3
Posters, prospectuses, electronic media	36	20.3
Health care workers, academic advisors, lecturers	23	13.0
Total	177	100.0

The majority of participants indicated that they had heard of the student counselling and development centre either from friends, family members and other students (33.3%), or from residence meetings and campus activities (33.3%). Printed and electronic media were a source of information for 20.3% and various staff members at the university represented 13% of the sources of information.

6.1.2 Differences in students' attitudes towards counselling

The results of the MANOVA, pertaining to the differences in students' attitudes towards counselling, are discussed in the subsequent sections.

a) Differences in attitudes with regard to gender

Firstly, the MANOVA that was performed provided information regarding gender differences in students' attitudes towards counselling. Five dependent variables were used, namely public stigma, self-stigma, anticipated risk, anticipated utility and attitudes towards seeking professional help. The independent variable was gender. There was a statistically significant difference (on the 1% level of significance) between males and females on the combined dependent variables ($F = 5.927$, $p = 0.000$; Wilks' Lambda = 0.861; partial eta squared = 0.139). When the results of the dependent variables were considered separately (using ANOVA's), three variables reached statistical significance, using the Bonferroni adjusted alpha level of 0.01 (the initial alpha level of 0.05 were divided by 5 – amount of dependent variables). These three variables were anticipated utility ($F = 9.532$, $p = 0.002$, partial eta squared = 0.049), self-stigma ($F = 8.910$, $p = 0.003$, partial eta squared = 0.045) and attitudes towards seeking professional help ($F = 28.968$, $p = 0.000$, partial eta squared = 0.134). The practical significance of all three variables was low (Cohen, 1992).

An inspection of the mean scores (see Table 4) indicated that females reported higher levels of anticipated utility ($M = 14.79$, $SD = 3.370$) than males ($M = 13.10$, $SD = 4.090$) did. Females also reported more positive attitudes towards seeking professional help ($M = 29.14$, $SD = 5.209$) than males did ($M = 25.05$, $SD = 5.023$). The mean scores further indicated that males reported higher levels of self-stigma ($M = 24.44$, $SD = 5.423$) than females did ($M = 22.13$, $SD = 5.115$).

Table 4: Mean scores with regard to gender

Dependent variable	Gender	N	M	SDs
Public stigma	Male	77	11.17	3.242
	Female	112	10.18	3.372
Self-stigma	Male	77	24.44	5.423
	Female	112	22.13	5.115
Anticipated risk	Male	77	12.77	3.766
	Female	112	12.43	3.323
Anticipated utility	Male	77	13.10	4.090
	Female	112	14.79	3.370
Attitude toward seeking professional help	Male	77	25.05	5.023
	Female	112	29.14	5.209

b) Differences in attitudes with regard to cultural groups

The MANOVA that was performed also provided information regarding cultural group differences in students' attitudes towards counselling. Five dependent variables were used, namely public stigma, self-stigma, anticipated risk, anticipated utility and attitudes towards seeking professional help. The independent variable was *cultural group*, comprising of two categories, namely black Sesotho/Setswana-speaking students and white Afrikaans-speaking students. There was a statistically significant difference (on the 1% level of significance) between black Sesotho/Setswana-speaking students and white Afrikaans-speaking students on the combined dependent variables ($F = 4.757$; $p = 0.000$; Wilks' Lambda = 0.884; partial eta squared = 0.116). When the results of the dependent variables were considered separately (using ANOVA's), four dependent variables reached statistical significance, using the Bonferroni adjusted alpha level of 0.01. These four were self-stigma ($F = 15.994$, $p = 0.000$, partial eta squared = 0.079), public stigma ($F = 7.487$, $p = 0.007$, partial eta squared = 0.039), anticipated utility ($F = 7.880$, $p = 0.006$, partial eta squared = 0.041) and attitudes towards seeking professional help ($F = 15.972$, $p = 0.000$, partial eta squared = 0.079). The practical significance of all four dependent variables was low (Cohen, 1992).

An inspection of the mean scores (see Table 5) indicated that the black Sesotho/Setswana-speaking students reported higher levels of anticipated utility ($M = 14.75$, $SD = 3.457$) than the white Afrikaans-speaking students did ($M = 13.22$, $SD = 4.015$). Black Sesotho/Setswana-speaking students also reported a more positive attitude towards seeking professional help ($M = 28.78$, $SD = 5.096$) than the white Afrikaans-speaking students did ($M = 25.64$, $SD = 5.597$). Furthermore, white Afrikaans-speaking students reported higher levels of public stigma ($M = 11.37$, $SD = 3.457$) and self-stigma ($M = 24.87$, $SD = 5.628$) than the black Sesotho/Setswana-speaking students did (public stigma $M = 10.04$, $SD = 3.179$; self-stigma $M = 21.82$, $SD = 4.799$).

Table 5: Mean scores with regard to cultural groups

Dependent variable	Culture group	N	Mean	SD
Public stigma	Sesotho/Setswana	110	10.04	3.179
	Afrikaans	78	11.37	3.457
	Total	188	10.59	3.354
Self-stigma	Sesotho/Setswana	110	21.82	4.799
	Afrikaans	78	24.87	5.628
	Total	188	23.09	5.361
Anticipated risk	Sesotho/Setswana	110	12.19	3.534
	Afrikaans	78	13.09	3.438
	Total	188	12.56	3.513
Anticipated utility	Sesotho/Setswana	110	14.75	3.457
	Afrikaans	78	13.22	4.015
	Total	188	14.12	3.765
Attitude toward seeking professional help	Sesotho/Setswana	110	28.78	5.096
	Afrikaans	78	25.64	5.597
	Total	188	27.48	5.518

c) Differences in attitudes with regard to counselling experiences

The MANOVA that was performed also provided information regarding difference in students' attitudes towards counselling between students with and without current/previous experiences of counselling. Five dependent variables were used, namely public stigma, self-stigma, anticipated

risk, anticipated utility and attitudes towards seeking counselling. The dependent variable was counselling experience (with and without current/previous experiences of counselling).

There was a statistically significant difference (on the 5% level of significance) between students with current/previous counselling experience and students without current/previous counselling experience on the combined dependent variables ($F = 2.711$; $p = 0.022$; Wilks' Lambda = 0.931; partial eta squared = 0.069). When the results for the dependent variables were considered separately (using ANOVAs), the only statistically significant difference (on the 1% level of significance), using a Bonferroni adjusted alpha level of 0.01, was in attitudes towards seeking professional help ($F = 11.28$, $p = 0.001$, partial eta squared = 0.057). The practical significance of attitudes towards seeking professional help was low (Cohen, 1992).

An inspection of the mean scores (see Table 6) indicated that students with current/previous experience of counselling reported a more positive attitude towards seeking professional help ($M = 29.11$, $SD = 5.068$) than students without current/previous counselling experience ($M = 26.43$, $SD = 5.536$).

Table 6: Mean scores with regard to experience of counselling

Dependent variable	Counselling experience	N	M	SD
Public stigma	Yes	74	10.65	3.579
	No	115	10.54	3.204
Self-stigma	Yes	74	22.14	5.832
	No	115	23.67	4.952
Anticipated risk	Yes	74	12.22	3.501
	No	115	12.79	3.503
Anticipated utility	Yes	74	14.68	3.956
	No	115	13.73	3.601
Attitude toward seeking professional help	Yes	74	29.11	5.068
	No	115	26.43	5.536

6.1.3 Factors influencing students' attitudes towards counselling

A standard multiple regression analysis was used to assess how much variance in students' attitudes towards counselling can be explained by public stigma, self-stigma, anticipated risk and utility associated with disclosing personal information. An $R = 0.647$ and $R^2 = 0.418$ were obtained, indicating that the four variables together (public stigma, self-stigma, anticipated risk and utility associated with disclosing personal information) explain 41.8 % of the variance in students' attitudes towards counselling. This is significant on the 1% level of significance ($p = 0.000$). Anticipated utility associated with disclosing personal information makes the largest unique contribution to explaining students' attitudes towards counselling (beta = 0.456, $p = 0.000$), although self-stigma also made a statistically significant unique contribution (beta = 0.251, $p = 0.000$). Anticipated utility associated with disclosing personal information uniquely explains 16.08% of the variance in students' attitudes towards counselling. Self-stigma uniquely explains 4.16% of the variance in students' attitudes towards counselling.

6.1.4 Summary of the most prominent quantitative findings

Various statistically significant differences were found regarding students' attitudes towards counselling across gender, culture groups and counselling experience. Compared to the male students, the female students tended to have higher levels of anticipated utility associated with disclosing personal information, a more positive attitude towards counselling and lower levels of self-stigma. Culture group differences were also observed: the Sesotho/Setswana-speaking cultural group tended to have higher levels of anticipated utility associated with disclosing personal information and a more positive attitude towards counselling, compared to the Afrikaans-speaking cultural group. The Afrikaans-speaking cultural group tended to have higher levels of public stigma and self-stigma than the Sesotho/Setswana-speaking cultural group. Students with current/previous counselling experience tended to have a more positive attitude towards seeking professional help than students without current/previous counselling experience. Furthermore, it was found that anticipated utility associated with disclosing personal information uniquely explains 16.08% of the variance in students' attitudes towards counselling, while self-stigma uniquely explains 4.16% of this variance.

6.2 Results pertaining to the qualitative section of the research

This section will focus on the qualitative results of the study. It is divided into three parts: ranked responses from nominal groups, themes that emerged from the nominal groups and individual interviews, and a summary of the most prominent qualitative findings.

6.2.1 Ranked responses from the nominal groups

In the following section, the nominal group responses and rankings of the two groups (Group 1 consisting of participants with no counselling experience and Group 2 consisting of participants with counselling experience) will be presented.

6.2.1.1 Ranked responses from participants without counselling experience

Participants of Group 1 (students without counselling experience) generated a list of responses related to their (and others') attitudes about students that had counselling experience. The list of attitudes mentioned and the scoring of the importance of these attitudes are presented in Table 7.

Table 7: Group 1's attitudes regarding students with counselling experience

Attitudes about students with counselling experience (All ideas generated by participants)	Ranked score (Sum of voting)
They have a poor support system	30
They are unable to control their emotions	30
They can acknowledge their difficulties/problems	26
They are true to themselves	23
They need assistance to cope	19
They degrade their own dignity	19
They have low self-esteem	16
They need to take things off their shoulders	13
They are vulnerable to being judged	13
They are courageous	12
They are insane	10
They are attention seeking	9
They are desperate and lonely	9

They have empathy	9
They follow the Western way of living	7
They experiencing great difficulties	7
They are fragile	3
They are easily overwhelmed	1
They are extroverts	
They are open	

From Table 7 it can be seen that students without counselling experience relate attitudes and perceptions such as having a poor support system, the inability to control emotions, the need for support, degraded dignity and low self-esteem to students who have received counselling. Students without counselling experience also related with other prominent perceptions and attitudes, namely that students who did seek psychological help had the ability to acknowledge their difficulties/problems and that they are true to themselves.

6.2.1.2 Ranked responses from participants with counselling experience

Participants of Group 2 (students with counselling experience) generated a list of responses related to their (and others’) attitudes about students that have counselling experience. The list of attitudes mentioned, as well as the scoring of the importance of these attitudes are presented in Table 8.

Table 8: Group 2’s attitudes regarding students with counselling experience

Attitudes about students with counselling experience (All ideas generated by participants)	Ranked score (Sum of voting)
We are victims	20
We are determined about the future	19
We are depressed	18
We are brave	17
We are weak	13
We are wasting our time	8
We have too many problems	5

We seek help	4
We value ourselves	4
We are good listeners	3
We have a rich background	3
We lack support systems	2
We are attention seekers	2
We are spiritually inadequate	2
We are easily influenced by media	
We take control	

From Table 8 it is clear that the students who did have counselling experience, just like the students who did not have counselling experience, displayed both positive and negative attitudes and perceptions to seeking psychological help. The attitudes and perceptions that received the highest rankings included being victims, depressed and weak, but also that seeking psychological help was brave and a sign of being determined about the future.

6.2.2 Themes emerging from the nominal group and individual discussions

The following themes emerged from the thematic analysis of the transcribed nominal groups and individual interviews:

Being secretive about seeking professional help

Secrecy was a prominent theme related to the decision to seek professional psychological help, particularly amongst males. Participants related the secrecy about seeking counselling to social roles and the expectations that men were supposed to be strong, independent and in control. Participants also thought that male students were secretive because they did not want others to think that they were not man enough. Participants stated the following:

“... you know how men are. They would go secretly, but they wouldn’t want it to be known, because of the general society perception - of how they are going to be perceived.”

[Black female participant, individual interview 9]

“Even if they [male students] go [for counselling], I am sure it will be secretive.” [Black male participant, Group 2]

Although it appeared to be more acceptable for females than for males to seek professional psychological help, female participants with counselling experience also expressed a degree of secrecy or caution about disclosing to others that they were seeking professional psychological help. Some female participants reported that they were not comfortable with other students knowing that they were seeking professional psychological help, as they did not know how others would perceive them. They said:

“When I came back [from counselling sessions], I did not even tell my friends...” [Black female participant, individual interview 3]

“I personally do not like telling people, not that I’m embarrassed. I do not like telling people that I have a session with P [name of psychologist] ...”* [White female participant, individual interview 8]

Various participants (both male and female participants with counselling experience) reported that seeking counselling was a personal matter and that they did not want others to know. They reported that they were selective about whom they told that they had sought professional psychological help. They only informed people whom they are close to and with whom they were comfortable. For example:

“I wouldn’t say I’m secretive about it, but I wouldn’t tell people that I have been to counselling ... I told my close friends and I was comfortable with that ...” [White male participant, individual interview 4]

“I wouldn’t mind telling my friends, but my colleagues and people I am not close with, I wouldn’t want to tell.” [White female participant, individual interview 8]

Thus, the theme of secrecy was highlighted by all participants with counselling experience, as they did not want to be perceived negatively by others. This caution was even greater among male participants, due to their perception of social expectations.

Being in counselling is a sign of being weak and/or flawed

From the discussions, a theme emerged that being in counselling signified weakness (or being flawed). Some participants asserted that students with counselling experience were perceived as having something innately wrong with them:

“... students who have not been to counselling, who do not understand the concept of counselling, think that students who have been to counselling are weak, they are cry-babies, they can’t handle their things.” [Black female participant, individual interview 1]

“... .people who don’t go to counselling can look down on people who go to counselling and think that they are unstable or something” [White male, individual interview 5]

“I will not judge, but the human race will judge ... They will judge in a negative way ... That there is something wrong with you ...” [White female, individual interview 2]

“... they think you are weak and you cannot sort of handle your emotions... that you are not strong enough to stick out through whatever you are going through ...” [Black male participant, individual interview 7]

The theme of being weak was particularly directed towards male students who sought counselling. Some students considered male students who had been to counselling as not strong enough as a man, while others perceived male students who sought counselling as not self-reliant and unable to be a leader. Participants stated the following:

“... actually I think they [males] are seen to be strong ... strong species and there are people who see men as weak if they go to counselling ... like; ‘Dude! You are going to counselling and you are a man’.” [Black female participant, individual interview 3]

The general opinion among participants was that it was more acceptable for female students to seek counselling:

“... women like to talk and share, so I don’t think its weak going to counselling.”[Black female participant, Group 1]

“We don’t hide our emotional side like men do ... cause often with us it’s okay to be seen as weak at that point.” [Black female participant, individual interview 9]

Although not as prominently, some female participants with counselling experience also feared to be perceived as weak and not coping:

“... they did not really know me and I thought they are going to think like ... I am this weak person ... I cannot handle my problems ...” [Black female participant, individual interview 3]

Being in counselling is a sign of being courageous

A contrasting theme of being courageous was also identified. Some participants thought that it was an act of bravery to acknowledge a problem and seek help. Some participant without experience of counselling perceived those who did go for counselling as strong and courageous:

“... you are then courageous to go, because you have to be brave to actually go.” [Black male participant, Group 1]

“I would actually see them as strong, as they see they are on the path of breaking down and they are taking measures in helping themselves.” [Black female participant, individual interview 1]

Some participants with counselling experience perceived themselves as strong and courageous to be able to seek professional psychological help amid the possibility of being perceived negatively:

“I consider us to be brave in a sense, that we decided that there is a problem or there is something happening and we are owning up to it ... like: ‘okay, you are going to face [it] ... you are going to deal with it’.” [White female participant, individual interview 8]

“I think it actually takes courage to actually take charge. I think it’s actually taking charge of your life when you see that; ‘hey, now I need expert advice, I need someone [to] look at this objectively, somebody who is going to help me’ ...” [Black male participant, individual interview 7]

“It takes guts to go ... because it’s not everyone who would just say: ‘Let me go see someone about this’.” [Black male participant, Group 2]

Thus, both the participants with and without counselling experience could perceive seeking counselling as courageous.

Cultural aspects and attitudes in seeking professional help

Some cultural aspects also emerged from the discussions. Some participants from the Sesotho/Setswana cultural group indicated that specific cultural rules needed to be considered in seeking psychological help. These cultural rules were specifically prominent regarding gender roles. These participants stated the following:

“... but for us the problem is our culture since it ... has rules. It’s as if it’s a contract. It has terms and conditions, that ‘you are a black man, you are supposed to take control, you can’t show emotions, you can’t do that, you can’t do that’.” [Black male participant, Group 2]

“We think culturally first then we think about ourselves ... ‘cause culturally it’s not allowed. I feel like culture is what stops us. The way we grew-up, we grew-up in terms of culture and culture doesn’t believe, especially for a man, that you seek help elsewhere. You should help yourself, basically.” [Black male participant, Group 2]

“There is a saying in Sesotho, “monna ha lle ke nku”, [translation: a man doesn’t cry/show weakness]. So you are trained right there ...” [Black male participant, Group 2]

“... gender roles especially back home. It’s like men, strong and head of a family and imagine now a man goes for counselling ... it’s like: ‘awo banna bathong?/what’s happening now?’ especially in rural areas ...” [Female black participant, individual interview 1]

Some participants from the Afrikaans cultural group also stated that their society would consider seeking psychological help as a weakness (especially in the case of males).

“I think a male student will say something like: ‘you are a baby’. For a guy, they have the perception that you don’t have to show any emotion and I think that is why they will be negative towards men.” [Female white participant, individual interview 2]

“But I can imagine even as students, as an Afrikaans [male] student you would be in your prime. You wouldn’t want to show weakness ... you want to seem on top of things and in control.” [White female participant, individual interview 8]

Both the cultural groups thus confirmed the existence of social norms that would make it difficult for students, particularly male students, to seek counselling.

6.2.3 Summary of the most prominent qualitative findings

All the participants (those with and those without counselling experience) related both positive and negative attitudes and perceptions to seeking psychological help. The attitudes and perceptions that received the highest rankings included that students who seek psychological help are victims, depressed and weak. They have a poor support system, the inability to control emotions, the need for support, degraded dignity and low self-esteem. More positive attitudes and perceptions that were prominent in the nominal groups were that students who sought psychological help had the ability to acknowledge their difficulties/problems, they were true to themselves, brave and determined about the future. These two contrasting themes: being in counselling signifies weakness (or being flawed) versus being courageous, emerged throughout the discussions.

Among the themes that emerged from the thematic analysis, secrecy was prominent, especially among males. Participants related the secrecy about seeking counselling to social roles and the expectations that men were supposed to be strong, independent and in control.

Very specific gender dynamics were observed: The general opinion among participants was that it was more acceptable for female students to seek counselling. Male students who have been to counselling are considered to be not strong enough or man enough.

Both the cultural groups confirmed the existence of social norms that would make it difficult for students, particularly male students, to seek counselling.

6.3 Integration and discussion of the quantitative and qualitative findings

Several key findings emerged from the current study. The quantitative results of this study indicated significant findings regarding students' attitudes towards counselling across gender, culture groups and counselling experience. The qualitative results provided in-depth information regarding students' attitudes towards counselling. These will now be discussed in conjunction with existing literature and research studies in the field.

Various gender differences were observed in both the quantitative and qualitative sections of this study. Compared to male students, female students tend to have higher levels of anticipated utility for disclosing personal information, a more positive attitude towards seeking counselling and lower levels of self-stigma. Very specific gender dynamics further confirmed gender differences among participants. The general opinion among participants was that it was more acceptable for female students to seek counselling: social expectations prevent men from seeking help.

These results are consistent with various studies that indicate that females are more receptive of counselling and seek counselling more often than males do (Ang *et al.*, 2004; Chang, 2007; Sheu & Sedlacek, 2004; Turkum, 2005). Furthermore, traditional masculine socialisation tends to discourage men from seeking counselling as traditional masculine roles are associated with being strong and in control while counselling is associated with vulnerability. Self-stigma and internalised messages regarding dominant masculine behaviour have been found to exacerbate the underutilisation of counselling among men (Vogel *et al.*, 2011). The findings in this study (that male students who seek counselling are less manly and weak/flawed) are thus consistent with literature regarding the socially constructed masculine roles that inform general beliefs about how men should behave. It is traditionally believed that men should be strong, independent, robust, tough and self-reliant (Courtenay, 2000b). These traditional roles of males may influence how male students perceive themselves (high self-stigma) and may lead to a negative attitude about seeking professional psychological help. This confirms the theory of reasoned action that an individual's perception of subjective norms informs the individual's behavioural intentions (Armitage & Conner, 2001). However, in this study, some female students with counselling experience also related to the perception of being weak/flawed and not able to cope. The study further confirms that adherence to traditional gender roles is not homogenous. Not all men and

women are the same and individuals do not behave similarly in all help-seeking contexts (Addis & Mahalik, 2003).

Differences between cultural groups were also observed in the quantitative section of the study: the Sesotho/Setswana-speaking cultural group tended to have higher levels of anticipated utility associated with disclosing personal information and a more positive attitude towards counselling, compared to the Afrikaans-speaking cultural group. This finding is consistent with studies conducted at other South African universities, which indicate that black students receive more counselling than other population groups do (Barnsley, 1991; Flisher *et al.*, 2002). Barnsley (1991) also reports that a high percentage of black participants have indicated a positive attitude towards student counselling services.

The Afrikaans-speaking cultural group in this study tended to display higher levels of public stigma and self-stigma than the Sesotho/Setswana-speaking cultural group did. This is in contrast to the notion that individuals who are exposed to and influenced by Western norms and practices tend to hold a more positive attitude towards seeking counselling than their counterparts do who are not exposed to Western norms and practices (Chen & Mak, 2008). In this study, the Afrikaans-speaking students who tended to be more exposed to Western culture had a less positive attitude towards counselling. The less positive attitude towards counselling may be attributed to a perceived higher level of public stigma and self-stigma experienced by Afrikaans-speaking students, compared to Sesotho/Setswana-speaking students. These results are similar to international studies that have found that increased levels of public stigma and self-stigma have been linked to negative attitudes towards counselling (Komiya *et al.*, 2000; Loya *et al.*, 2010). Although Afrikaans-speaking cultural group displayed higher levels of public stigma and self-stigma both cultural groups confirmed the existence of social norms that would make it difficult for students, particularly male students, to seek counselling.

Students with counselling experience have a more positive attitude towards seeking counselling than students without counselling experience have. This finding is consistent with international studies (Goh *et al.*, 2007; Komiya & Eells, 2001; Loffler-Statka *et al.*, 2008, Masuda *et al.*, 2005). The expectancy-value theory posits that attitudes interact with expectancy and values. Individuals with stronger attitudes are those with strong expectations of outcomes and who positively evaluate

the outcomes (Westaby, 2002). Students with experience of counselling have strong expectations of the outcomes of counselling. They evaluate the outcomes of counselling positively, resulting in these students having a positive attitude towards counselling.

Furthermore, it was found in this study that anticipated utility associated with disclosing personal information uniquely explains 16.08% of the variance in students' attitudes towards counselling, while self-stigma uniquely explains 4.16% of this variance. This confirms the arguments that anticipated utility associated with disclosing personal information may encourage positive attitudes towards counselling (Omarzu, 2000; Vogel *et al.*, 2005). According to the expectancy-value theory, individuals will determine the anticipated utility associated with disclosing personal information by assessing the expected outcome and the value of the outcome (Borders *et al.*, 2004). Students evaluate the anticipated utility of disclosing personal information positively when students anticipate that subjective perceived stress and symptoms will be decreased after disclosing personal information (Kahn *et al.*, 2001). Vogel, Wade and Hackler (2007) indicate that self-stigma is conceptually unique in predicting attitudes towards counselling.

All the participants (those with and those without counselling experience) related both positive and negative attitudes and perceptions to seeking psychological help. The more negative attitudes and perceptions included students who sought psychological help were victims, depressed and weak; they had a poor support system, an inability to control emotions, a need for support, degraded dignity and low self-esteem. These findings correspond with the vast body of literature regarding public and self-stigma connected to seeking help (Corrigan, 2004; Komiya *et al.*, 2000; Link & Phelan, 2001; Vogel *et al.*, 2005; Vogel *et al.*, 2006, Vogel, Wade, Ashley *et al.*, 2007).

An interesting finding was that both the participants with and without counselling experience also mentioned positive attitudes and perceptions related to seeking psychological help, such as that students who seek psychological help have the ability to acknowledge their difficulties/problems, they are true to themselves, brave and determined about the future. Various researches have highlighted factors that influence students' positive attitudes towards seeking psychological help. The participants' (with and without counselling experience) positive attitude related to seeking psychological help may be due to students' prior knowledge of counselling and psychology, as well as knowing someone who had sought psychological help, being encouraged to seek help,

and/or prior counselling contact (Goh *et al.*, 2007; Komiya & Eells, 2001; Loffler-Stastka *et al.*, 2008; Masuda *et al.*, 2005; Vogel, Wade, Wester *et al.*, 2007). This confirms the finding that both students with and without counselling experience may have a positive attitude and perceptions related to seeking psychological help. According to the theory of planned action, the intention to perform behaviour precedes the behaviour. Also underlying an individual's behavioural intent is the individual's attitude towards the behaviour, the subjective social norms about the behaviour, and the perceived behavioural control. Students who consider seeking counselling may have a positive attitude towards counselling. The support and encouragement from others and knowing someone who has sought counselling (subjective social norms) affirm the students' attitude towards counselling and makes it easier for students to seek counselling. Students have a positive appraisal of the volition to seek counselling. Because of the afore-mentioned factors, these particular students have a more positive attitude towards counselling than their counterparts have who do not receive encouragement or know of someone who has sought counselling.

6.4 Conclusion

In this chapter, both the quantitative and qualitative results of this mixed methods study were presented and discussed. Differences were found regarding students' attitudes towards counselling across gender, culture groups and counselling experience and themes confirmed the findings.

CHAPTER 7

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

In this chapter, the key findings of this study will be highlighted. The limitations of this research and recommendations for future research studies will be provided in the subsequent sections of this chapter.

7.1 Key findings

Various statistically significant differences were found regarding students' attitudes towards counselling across gender, culture groups and counselling experience. Compared to male students, female students tend to have higher levels of anticipated utility associated with disclosing personal information, a more positive attitude towards counselling and lower levels of self-stigma. Cultural group differences were also observed. The Sesotho/Setswana-speaking cultural group tended to have higher levels of anticipated utility associated with disclosing personal information and a more positive attitude towards counselling, compared to the Afrikaans-speaking cultural group. The Afrikaans-speaking cultural group tended to display higher levels of public stigma and self-stigma than the Sesotho/Setswana-speaking cultural group. Students with current/previous counselling experience tended to have a more positive attitude towards seeking professional help than students without current/previous counselling experience. Furthermore, it was found that anticipated utility associated with disclosing personal information uniquely explains 16.08% of the variance in students' attitudes towards counselling, while self-stigma uniquely explains 4.16% of this variance.

Among the themes that emerged from the thematic analysis, secrecy was prominent, especially among males. Participants related the secrecy about seeking counselling to social roles and the expectations that men are supposed to be strong, independent and in control. Two contrasting themes: being in counselling signifies weakness (or being flawed) versus being courageous, emerged from the discussions. Some participants asserted that students with counselling experience are perceived as having something innately wrong with them; however, both the

participants with and without counselling experience could perceive seeking counselling as courageous.

Very specific gender dynamics were observed. The general opinion among participants was that it is more acceptable for female students to seek counselling: Social expectations prevent men from seeking help and male students who have been to counselling are considered not strong enough or man enough.

Both the cultural groups confirmed the existence of social norms that would make it difficult for students, particularly male students, to seek counselling.

7.2 Limitations

Despite providing insight into students' attitudes towards counselling and factors that may deter students from seeking professional psychological help, this study is subject to a number of limitations. The limitations of the current study will be examined in the following sections.

The findings of this study cannot be generalised to a wide student population, as only third-year students belonging to specific culture groups at one campus of the UFS were included in this study. Limitations also exist with regard to the external validity of this research, due to the convenience sampling techniques that were employed. Furthermore, due to time constraints and poor attendance of nominal groups, no nominal group discussions took place with Afrikaans-speaking students. This group is thus under-represented in some of the qualitative procedures.

The self-report questionnaires in this study were conducted in English and Afrikaans (as these two languages comprise the medium of instruction at the university). For many of the participants neither of these languages are their first language. Difficulty in understanding the items of the questionnaires and misinterpretation of items might have had an impact on the reliability of the questionnaires. The reliability of the Self Stigma of Seeking help Scale was the lowest (0.644).

7.3 Recommendations

From the findings of this study, certain recommendation can be made towards future research and practical steps to make counselling more accessible for students.

7.3.1 Future research

More research on students' attitudes towards counselling need to be undertaken. Comparative studies at other South African universities are necessary to determine to what extent students' attitudes towards counselling, (in various gender, culture and counselling experience groups) are similar to or different from the findings of this study.

A study conducted with students from particular urban and rural areas, can yield further insights into the role of cultural and contextual expectations.

Further investigation into the role of the counselling experience in students' attitudes towards seeking professional help can also provide interesting results. For example, it can be investigated whether a positive counselling experience relates to more positive attitudes than situations where students were not satisfied with the outcome of the counselling experience.

7.3.2 Practical recommendations

From this research study, it is clear that a variety of attitudes exists regarding seeking professional help and attending counselling at a student-counselling centre. It has been indicated that students who know someone who has sought psychological help and are encouraged to seek help have a more positive attitude towards seeking psychological help (Vogel, Wade, Wester *et al.*, 2007). A student buddy programme where students affiliated with student counselling and development centre volunteer to disclose information regarding the utility associated with disclosing personal information and attending counselling can be beneficial. Exposing students to various viewpoints and letting them have an open discussion might lead to less stigma and more positive attitudes. Students with counselling experience can introduce other students to counselling services, explain what to expect when they go to counselling, share some experiences and indicate how they have benefited from counselling. Students from various culture groups should be involved to engage all students. This buddy system may normalise psychological help seeking.

7.4 Conclusion

The aim of this study was to explore students' attitudes towards the utilisation of counselling services. This study contributed to the knowledge base and confirmed national and international studies in the field. It was found that gender, culture and counselling experience differences exist in students' attitudes towards counselling. Anticipated utility associated with disclosing personal information and self-stigma further explains students' attitudes towards counselling. Themes emerging from the qualitative section of the study mostly confirmed the quantitative findings and provided an in-depth understanding of students' attitude towards counselling.

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APPENDIX A: CONSENT FORM AND STRUCTURED SELF-REPORT QUESTIONNAIRE, ENGLISH AND AFRIKAANS

Participant Consent Form

Purpose:

The purpose of this study is to explore students' attitude towards the utilization of counseling. The study is part of a doctoral thesis by Ms K. Fandie in the Department of Psychology, under the supervision of Dr L. Naudé and Ms I. Kruger.

Procedure:

If you agree to be in this study, you will be asked to complete a questionnaire. The questionnaire will be divided into two sections. Section A involves biographical data and section B contains four test batteries.

The total time required to complete the questionnaire should be approximately 30 minutes.

Benefits to Participant:

As there is very little research documented on South African's attitude towards counseling, as a participant your contribution to the body of knowledge in psychology would be of significant value.

Voluntary Nature of the Study/Confidentiality:

Your participation in this study is entirely voluntary. You may ask the researcher any clarifying questions you may have regarding the questionnaire. To ensure anonymity you will not be expected to provide identifying particulars on the questionnaire. If you would like to be notified of the final research findings, space is provided for contact details.

Statement of Consent:

I have read the above information. I have asked any questions I had regarding the questionnaire and they have been answered to my satisfaction.

I consent to participate.

I do not consent to participate.

Signature of Participant: _____

Date: _____

Optional:

I would like to be informed of the research findings:

Name: _____ E-mail: _____

Thanks for your participation!

Section A – Biographical Data

Age

Gender Male Female

Race Black Coloured Indian White Asian Other

Home Language Afrikaans English Sesotho Setswana Tsonga Zulu Other

Hometown/city

Socio-economic status

Low	<input type="checkbox"/>
Middle	<input type="checkbox"/>
High	<input type="checkbox"/>

Parents' highest level of education

Mother

No formal education	<input type="checkbox"/>
Grade 1-3	<input type="checkbox"/>
Grade 4-6	<input type="checkbox"/>
Grade 7-9	<input type="checkbox"/>
Grade 10-12	<input type="checkbox"/>
In-service training/certificate	<input type="checkbox"/>
Diploma	<input type="checkbox"/>
Degree	<input type="checkbox"/>
Post-graduate degree	<input type="checkbox"/>

Father

No formal education	<input type="checkbox"/>
Grade 1-3	<input type="checkbox"/>
Grade 4-6	<input type="checkbox"/>
Grade 7-9	<input type="checkbox"/>
Grade 10-12	<input type="checkbox"/>
In-service training/certificate	<input type="checkbox"/>
Diploma	<input type="checkbox"/>
Degree	<input type="checkbox"/>
Post-graduate degree	<input type="checkbox"/>

Parents' occupation

Mother

Father

Citizenship

South African

Other

Year of study

Are you aware of counselling services available for UFS students at Kovsie Counselling?

Yes No

Where/how did you hear about Kovsie Counselling?

Have you had current/previous experience of counselling at Kovsie Counselling?

Yes No

If Yes, how many sessions of counselling have you received at Kovsie Counselling? _____ Sessions

Have you currently/previousy consulted a psychologist for counselling anywhere else?

Yes No

Section B – Questionnaires

Attitudes Towards Seeking Professional Psychological Help Scale

To what extent do you agree or disagree with the statements below:

Disagree (1)

Partly Disagree (2)

Partly Agree (3)

Agree (4)

		Disagree	Partly Disagree	Partly Agree	Agree
1.	If I believed I was having a mental breakdown, my first inclination would be to get professional attention	1	2	3	4
2.	The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts	1	2	3	4
3.	If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy	1	2	3	4
4.	There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears <i>without</i> resorting to professional help	1	2	3	4
5.	I would want to get psychological help if I were worried or upset for a long period.	1	2	3	4
6.	I might want to have psychological counselling in the future.	1	2	3	4
7.	A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.	1	2	3	4
8.	Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.	1	2	3	4
9.	A person should work out his or her own problems; getting psychological counselling would be a last resort.	1	2	3	4
10.	Personal and emotional troubles, like many things, tend to work out by themselves.	1	2	3	4

Stigma Scale for Receiving Psychological Help Scale

Please answer the following from Strongly Disagree (0) to Strongly Agree (3)

		Strongly Disagree	Disagree	Agree	Strongly Agree
1.	Seeing a psychologist for emotional or interpersonal problems carries social stigma.	0	1	2	3
2.	It is a sign of personal weakness or inadequacy to see a psychologist for emotional or interpersonal problems.	0	1	2	3
3.	People will see a person in a less favourable way if they come to know that he/she has seen a psychologist.	0	1	2	3
4.	It is advisable for a person to hide from people that he/she has seen a psychologist.	0	1	2	3
5.	People tend to like less those who are receiving professional psychological help.	0	1	2	3

Self-Stigma of Seeking Help Scale

People at times find that they face problems for which they consider seeking help. This can bring up reactions about what seeking help would mean. Please use the 5-point scale to rate the degree to which each item describes how you might react in this situation.

1= Strongly Disagree 2=Disagree 3= Agree & Disagree Equally 4=Agree 5=Strongly Agree

Circle the number that corresponds to how you might react to each statement.

1.	I would feel inadequate if I went to a therapist for psychological help.	1	2	3	4	5
2.	My self-confidence would NOT be threatened if I sought professional help.	1	2	3	4	5
3.	Seeking psychological help would make me feel less intelligent.	1	2	3	4	5
4.	My self-esteem would increase if I talked to a therapist.	1	2	3	4	5
5.	My view of myself would not change just because I made the choice to see a therapist.	1	2	3	4	5
6.	It would make me feel inferior to ask a therapist for help.	1	2	3	4	5
7.	I would feel okay about myself if I made the choice to seek professional help.	1	2	3	4	5
8.	If I went to a therapist, I would be less satisfied with myself.	1	2	3	4	5
9.	My self-confidence would remain the same if I sought professional help for a problem I could not solve.	1	2	3	4	5
10.	I would feel worse about myself if I could not solve my own problems.	1	2	3	4	5

Disclosure Expectation Scale

INSTRUCTIONS: For the following questions, you are asked to respond using the following scale:
 (1) Not at all, (2) Slightly, (3) Somewhat, (4) Moderately, or (5) Very.

Circle the number that corresponds to how you might react to each statement.

1.	How difficult would it be for you to disclose personal information to a counsellor?	1	2	3	4	5
2.	How vulnerable would you feel if you disclosed something very personal you had never told anyone before to a counsellor?	1	2	3	4	5
3.	How risky would it feel to disclose your hidden feelings to a counsellor?	1	2	3	4	5
4.	How worried about what the other person is thinking would you be if you disclosed negative emotions to a counsellor?	1	2	3	4	5
5.	How helpful would it be to self-disclose a personal problem to a counsellor?	1	2	3	4	5
6.	Would you feel better if you disclosed feelings of sadness or anxiety to a counsellor?	1	2	3	4	5
7.	How likely would you get a useful response if you disclosed an emotional problem you were struggling with to a counsellor?	1	2	3	4	5

Deelnemer Toestemmingvorm

Doel:

Die doel van hierdie studie is om studente se houdings teenoor die gebruik van sielkundige beradingsdienste (*counselling*) te ondersoek. Hierdie studie geskied as deel van 'n doktorsale tesis deur me. K. Fandie in die Departement Sielkunde, onder leiding van dr. L. Nadé en me. I. Kruger.

Prosedure:

Indien jy sou instem om deel te neem aan hierdie studie, sal dit van jou verwag word om 'n vraelys te voltooi. Die vraelys bestaan uit twee afdelings. Afdeling A behels biografiese data en afdeling B bestaan uit vier toetsbatterye. Die voltooiing van die vraelys neem ongeveer 30 minute in beslag.

Voordele vir die deelnemer:

Aangesien dat daar min navorsing oor Suid-Afrikaners se houding teenoor sielkundige beradingsdienste (*counselling*) tans bestaan, sal u as deelnemer 'n waardevolle bydrae tot die veld lewer.

Vrywillige aard van die studie/Vertroulikheid:

U deelname in hierdie studie is vrywillig. U mag die navorser enige vrae vra rakende moontlike onduidelikhede in die vraelys. Ten einde anonimiteit te verseker, sal daar nie van u verwag word om identifiserende besonderhede op die vraelys te verstrek nie. Indien u in kennis gestel wil word van die resultate van hierdie studie, sal daar ruimte gelaat word vir kontakbesonderhede.

Bevestiging van toestemming

Ek is vertrou met die bogenoemde inligting. Ek het vrae geopper rakende die vraelys en hulle is bevredigend beantwoord.

Ek stem in tot deelname.

Ek stem nie in tot deelname nie.

Handtekening of Deelnemer: _____ Datum: _____

Opsioneel:

Ek wil graag verwittig word van navorsingsresultate:

Naam: _____ E-pos: _____

Dankie vir jou deelname!

Afdeling A – Biografiese Data

Ouderdom
Geslag Manlik Vroulik
Ras Swart Kleurling Indiër Wit Asiër Ander
Huistaal Afrikaans Engels Sesotho Setswana Tsonga Zulu Ander

Tuisdorp / -stad

Sosio-ekonomiese status

Laag	<input type="text"/>
Gemiddeld	<input type="text"/>
Hoog	<input type="text"/>

Ouers se hoogste vlak van onderrig

Moeder

Geen formele onderrig nie	<input type="text"/>
Graad 1-3	<input type="text"/>
Graad 4-6	<input type="text"/>
Graad 7-9	<input type="text"/>
Graad 10-12	<input type="text"/>
Indiensopleiding/sertifikaat	<input type="text"/>
Diploma	<input type="text"/>
Voorgraadse kwalifikasie	<input type="text"/>
Nagraadse kwalifikasie	<input type="text"/>

Vader

Geen formele onderrig nie	<input type="text"/>
Graad 1-3	<input type="text"/>
Graad 4-6	<input type="text"/>
Graad 7-9	<input type="text"/>
Graad 10-12	<input type="text"/>
Indiensopleiding/sertifikaat	<input type="text"/>
Diploma	<input type="text"/>
Voorgraadse kwalifikasie	<input type="text"/>
Nagraadse kwalifikasie	<input type="text"/>

Ouers se beroep

Moeder

Vader

Burgerskap

Suid-Afrikaans

Ander

Studiejaar

Is jy bewus van die beskikbaarheid van voorligtingsdienste vir UV-studente by Kowsie Voorligting?

Ja Nee

Waar/hoe het jy van Kowsie Voorligting gehoor?

Het jy huidige of vorige ervaring met voorligting/berading by Kowsie Voorligting?

Ja Nee

Indien wel, hoeveel sessies voorligting/berading het jy by Kowsie Voorligting ontvang? _____ Sessies

Het jy tans of in die verlede iewers anders 'n sielkundige vir berading genader?

Ja Nee

Afdeling B – Vraelyste

Attitudes Towards Seeking Professional Psychological Help Scale

To what extent do you agree or disagree with the statements below:

Disagree (1) Partly Disagree (2) Partly Agree (3) Agree (4)

		Disagree	Partly Disagree	Partly Agree	Agree
1.	If I believed I was having a mental breakdown, my first inclination would be to get professional attention	1	2	3	4
2.	The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts	1	2	3	4
3.	If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy	1	2	3	4
4.	There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears <i>without</i> resorting to professional help	1	2	3	4
5.	I would want to get psychological help if I were worried or upset for a long period.	1	2	3	4
6.	I might want to have psychological counselling in the future.	1	2	3	4
7.	A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.	1	2	3	4
8.	Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.	1	2	3	4
9.	A person should work out his or her own problems; getting psychological counselling would be a last resort.	1	2	3	4
10.	Personal and emotional troubles, like many things, tend to work out by themselves.	1	2	3	4

Stigma Scale for Receiving Psychological Help Scale

Please answer the following from Strongly Disagree (0) to Strongly Agree (3)

		Strongly Disagree	Disagree	Agree	Strongly Agree
1.	Seeing a psychologist for emotional or interpersonal problems carries social stigma.	0	1	2	3
2.	It is a sign of personal weakness or inadequacy to see a psychologist for emotional or interpersonal problems.	0	1	2	3
3.	People will see a person in a less favourable way if they come to know that he/she has seen a psychologist.	0	1	2	3
4.	It is advisable for a person to hide from people that he/she has seen a psychologist.	0	1	2	3
5.	People tend to like less those who are receiving professional psychological help.	0	1	2	3

Self-Stigma of Seeking Help Scale

People at times find that they face problems for which they consider seeking help. This can bring up reactions about what seeking help would mean. Please use the 5-point scale to rate the degree to which each item describes how you might react in this situation.

1= Strongly Disagree 2=Disagree 3= Agree & Disagree Equally 4=Agree 5=Strongly Agree

Circle the number that corresponds to how you might react to each statement.

1.	I would feel inadequate if I went to a therapist for psychological help.	1	2	3	4	5
2.	My self-confidence would NOT be threatened if I sought professional help.	1	2	3	4	5
3.	Seeking psychological help would make me feel less intelligent.	1	2	3	4	5
4.	My self-esteem would increase if I talked to a therapist.	1	2	3	4	5
5.	My view of myself would not change just because I made the choice to see a therapist.	1	2	3	4	5
6.	It would make me feel inferior to ask a therapist for help.	1	2	3	4	5
7.	I would feel okay about myself if I made the choice to seek professional help.	1	2	3	4	5
8.	If I went to a therapist, I would be less satisfied with myself.	1	2	3	4	5
9.	My self-confidence would remain the same if I sought professional help for a problem I could not solve.	1	2	3	4	5
10.	I would feel worse about myself if I could not solve my own problems.	1	2	3	4	5

Disclosure Expectation Scale

INSTRUCTIONS: For the following questions, you are asked to respond using the following scale:
 (1) Not at all, (2) Slightly, (3) Somewhat, (4) Moderately, or (5) Very.

Circle the number that corresponds to how you might react to each statement.

1.	How difficult would it be for you to disclose personal information to a counsellor?	1	2	3	4	5
2.	How vulnerable would you feel if you disclosed something very personal you had never told anyone before to a counsellor?	1	2	3	4	5
3.	How risky would it feel to disclose your hidden feelings to a counsellor?	1	2	3	4	5
4.	How worried about what the other person is thinking would you be if you disclosed negative emotions to a counsellor?	1	2	3	4	5
5.	How helpful would it be to self-disclose a personal problem to a counsellor?	1	2	3	4	5
6.	Would you feel better if you disclosed feelings of sadness or anxiety to a counsellor?	1	2	3	4	5
7.	How likely would you get a useful response if you disclosed an emotional problem you were struggling with to a counsellor?	1	2	3	4	5

APPENDIX B: CONSENT FORM: NOMINAL GROUP



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Letter of Informed Consent

Dear Student

This letter invites you to participate in a research study.

The purpose of the study is to explore students' attitude towards the utilisation of counselling. The study is part of a doctoral thesis by Ms K. Fandie in the department of Psychology, under the supervision of Dr L. Naude and Ms I. Kruger.

You are invited to be part of this study because you are a South African student in his/her third year of study that has never been or has been to counselling at Kopsie Health, and you are either a Caucasian Afrikaans speaker or an African Sesotho speaker.

If you agree to participate in the study, you will be asked to be part of a nominal group discussion. Open-ended questions regarding perceptions of students who utilise counselling services, will be presented to the groups for discussion.

Confidentiality regarding group members and the individual inputs given by individual members should be maintained. An audiotape of the discussion will be made for the purpose of transcription.

Taking part in this research study is completely voluntary. To ensure anonymity your name or any identifying particulars will not be published in the thesis.

Statement of consent:

I have read the above information.

I consent to participate.

I do not consent to participate.

Signature of Participant: _____ Date: _____

APPENDIX C: TRANSCRIPT: NOMINAL GROUP

Example of a nominal group transcription

Interviewer: Good afternoon, my name is Katlego Fandie, a PhD student at the department of psychology and I am doing a study on students' attitude towards counselling. During this session, I am trying to get what students think about counselling and their perception of it. Therefore, you have received consent forms to fill out, which also inform you that there is going to be an audio tape recording going on for the purpose of transcribing and not for anything else. Your anonymity is also ... will also be maintained, no names will be mentioned, even though I might mention a name but in transcribing I will not mention that Pontso said this and that. So we are going to start with ... you have all received pencils and paper?

Participants: Yes

Interviewer: So what we are going to do today is called a nominal group technique. It is a bit different from brainstorming, that is why I gave you pencils and pieces of paper. We are first going to start with you answering a specific question and after that we will discuss your ideas. So write down what you think of a specific question that I am going to put up and after that you will go in a round-bin fashion to discuss and clarify any ideas or you may have. We have two questions, I am going to give you time to respond to the first question. Can you all see the first question?

Participants: Yes

Interviewer: The first question is how do you think students with no current/previous experience of counselling perceive students with current/previous experience of counselling? So how do you think students with no previous counselling experience, who have never been to counselling, perceive students who have been to counselling? You can write down a word or a phrase that answers that and I will give you a few minutes and we will move to the next one. First answer this, generate some ideas I will give you a minute or two to think about it, maybe it's something that you never thought about before. As I said, there is no right or wrong answer.

SILENT GENERATION OF IDEAS

Participant (male): What kind of counselling are you talking about?

Interviewer: We're talking about counselling for your own personal issues or personal problems not counselling for academic reasons.

Interviewer: Most of you are done, I will give you a few minutes to finish off. The second question is what is your perception of students with current/previous experience of counselling?

What do you think about students who have been to counselling? Like I said, this is confidential and whatever is discussed here, you don't take it to your friends. Nobody should be discussing what others said with other people who were not in the group.

SILENT GENERATION OF IDEAS

Interviewer: Are you all done?

Participants: Yes.

Interviewer: Okay. Now you are going to give me your ideas. Let's start here, so you give us your first response and then we go to the next one and after we are done, we will move to the second response.

Participant (female): Insane

Interviewer: Insane, okay.

Participant (male): They are perceived as unable to deal with challenges.

Interviewer: So, unable to deal with challenge, next.

Participant (female): Low self-esteem

Interviewer: Low self-esteem.

Participant (female): They are adopting a western style.

Interviewer: Western style, so modernized.

Participant (female): Yes.

Interviewer: I didn't get your names.

Participant(male): Tshepo and Tumi.

Interviewer: Okay, Tshepo.

Participant (male): Fragile

Interviewer: Fragile, and Tumi.

Participant (male): They think they are sick,

Interviewer: Think they are sick, okay,

Participant (female): They are going through serious problems and they need someone to help them.

Interviewer: So, they are experiencing great difficulties,

Participant (female): They are being perceived as attention seekers because they go to counselling.

Interviewer: Ohh, they are attention seekers because they go to counselling.

Participant (female): Yes.

Student (female): Can I ask something?

Interviewer: Is it about the statements, because we will discuss them later.

Participant (female): No, you know about the question, what students think of students who have been to counselling. I think it might depend on the person. Because all I see now is the negative side of it.

Some Participants: Yes.

Interviewer: No, no it's fine. That's what I want.

Participants: The negative.

Interviewer: Not only the negative, let's wait and see what others have.

Participant (female): They don't know how to control their emotions.

Interviewer: Don't know how to control emotions, okay

Participant (female): The positive side of it is that these people, they actually acknowledge that they have a problem and are willing to take a step to get help.

Interviewer: So, they acknowledge their difficulties.

Participant (male): I have the same.

Interviewer: Okay, the same.

Participant (male): I don't have any more.

Interviewer: Okay,

Participant (female): I said pity.

Interviewer: Pity, okay. Anything else? Last chance. Okay, we move to the second question relating to your own perception.

Participant (male): I said they are just resilient. Being able to come back from difficulties.

Interviewer: Okay.

Participant (male): The ability to bounce back to reality.

Interviewer: Okay.

Participant (female): The ability to talk to others about their emotions, so that they are not a burden. Taking off some of the things, so that they don't become a burden.

Interviewer: Okay, so they don't become a burden.

Participant (female): Maybe these people do not have enough support from people close to them so they will rather talk to a stranger who won't judge them. Someone to give them advice.

Interviewer: So you've actually mentioned two things, they lack support and a stranger who won't judge them. Avoiding judgement or to be judged.

Participant (female): Yes ...

Interviewer: Okay.

Participant (female): They are courageous. They are courageous to seek help instead of just sitting there with their problems.

Participant (male): Easily overwhelmed ...and their lonely and desperate kind of people.

Interviewer: Easily overwhelmed and I will only put one on, save the others for later.

Participant (male): Mine, specifically on those who have been to counselling, I think they are healed.

Interviewer: Healed, so your perception is that they are healed.

Participant (male): Yes.

Interviewer: Okay.

Participant (female): I said acknowledging their problems and willing to seek help for their problems.

Interviewer: Acknowledging problems and then seeking help but its two things can't you keep the other one for the second round. Okay.

Participant (male): Nothing more.

Interviewer: Okay, moving to the next one.

Participant (female): Empathy.

Interviewer: Empathy, okay

Participant (female): I think they are being true to themselves.

Interviewer: Okay, true to themselves.

Participant (female): Open, in a sense that they don't want to bottle things up, they want to get it off their chest.

Interviewer: Open, okay. What did you say last time?

Participant (male): Desperate and lonely.

Interviewer: Yes, desperate and lonely

Participant (male): I am saying desperate and lonely because of ...

Interviewer: Wait, wait we are coming to that, another one.

Participant (male): They are open.

Interviewer: They are open, all right.

Participant (male): Extroverts, okay.

Interviewer: Okay.

Participant (female): They can overcome their problems

Interviewer: Overcome problems

Participant (male): Introverts.

Interviewer: Introverts, okay so you will explain to us the extroverts, introverts.

Participant (male): Yes.

Interviewer: Okay, do you have anything else?

Participant (male): No.

Interviewer: And you

Participant (male): True to self.

Interviewer: Is there anything you would like clarity on, because we are going to number them and rank them so it's important that you understand what the person meant. Let's just go through them quickly and get an understanding. The first one was with regard to the first question, how do you think Students with no current/previous experience of counselling perceive Students with current/previous experience of counselling? Other Students perceive students who have been to counselling as insane, as in *mal*, any clarity there?

Participant (female): Most people who go to counselling are people who are anti-social...so they are at times seen as mad, crazy.

Interviewer: Okay, okay. Weak.

Participant (male): They can't deal with their problems, so they go to a professional.

Interviewer: Okay, so do all of you think that other students perceive them as insane. The males as well? Males who go to counselling are insane?

Participant (male): Yes, a man can solve his own problems.

Interviewer: So, a man can solve his own problems and when he goes to counselling something is seriously wrong. Okay, but then for ladies, if another lady goes to counselling is that weak from a female perspective?

Participant (female): As for me, women like to talk and share... so I don't think it's weak going to counselling. I think naturally women like to talk, I think for men it's an ego thing.

Interviewer: So for women it's not necessarily true and for males...

Participant (male): What kind of a man are you?

Interviewer: Insane, do all of you agree on that?

Participants: No.

Some Participants: Not really.

Interviewer: Okay, low self-esteem.

Participant (female): They don't believe in themselves that much.

Interviewer: Okay, so they don't believe in themselves that much that's why they go to counselling.

Participant (female): Yes, they lack confidence and they need motivation.

Interviewer: Okay...okay and the guys.

Participant (male): They are not man enough, if you go to counselling you don't have confidence.

Interviewer: So for the guys you saying low self-esteem is definitely the reason to go.

Participant (male): Yes, it's like a male person going to counselling... it's like you have zero belief in yourself. There you are... you cry, you share your feelings and walk out. Feeling better does not give you a sense of manliness.

Interviewer: Even if you go out and you are feeling better, it does not give you a sense of manliness.

Participant (male): Sure you can go out and feel better as an individual but us as other males we don't quite trust you when we do things together. You will be seen like a weakling. If we play for the same team and you've been to counselling or we live in the same place you might decide to come with a gun and kill us all because you still have these issues and you can't solve them by yourself. We are a bit edgy around you.

Interviewer: Even if it makes you feel better it doesn't matter, the fact is that you've been.

Participant (male): It's not like it's a cardinal sin to go. We are like dude, why? What is so bad that you have to go to counselling? Where is your manliness?

Participant (male): Because God gave you a man so that you should share your problems with him...so when he can't handle problems then he is really in trouble.

Interviewer: Okay. So ladies, low self-esteem?

Participant (female): I want to add on what she said. The work of a psychologist is to show a person that they still have the qualities and the abilities to solve your own problems. It is just that you are not aware of it.

Participant (male): So what is the whole point of going there if you can solve your problems?

Participant (female): Because you are not aware that you can do that.

Interviewer: Okay, fair enough ... can we move on ... modernized.

Participant (female): Doing things in a modern way

Interviewer: Okay

Participant (female): Say there are two families, a black family and a white family. The parents pass-on, the white kids will be taken to a counsellor but in our culture there is nothing that's done.

Some Participants: There is, there is.

Participant (male): By modernised I believe it's a far-fetched idea of counselling... just a Jerseyliscious kind of thing. In African culture, there is some form of counselling. A guy would go and talk to his friends about stuff.

Participant (female): I mean a professional...

Participant (male): But for me coming from an African culture it's like... I would feel it's a Jerseyliscious thing. I'd rather talk to my elders.

Participant (female): Do you go to elders?

Participant (male): Not elders as such, but older guys. I would rather do that than go to some office of ...to discuss things.

Participant (male): Well if you go to a psychologist or not slowly we will get there. We will achieve the same things.

Other males: Yes, yes.

Interviewer: The next one is yours.

Participant (female): Yes, if maybe a person is from another culture, they are going to see you as being weak because you are degrading your dignity by going to talk to a psychologist about your problems instead of solving them yourself.

Participant (male): Like you say, it's about students ... this thing will grow and your will keep going to a psychologist. In other words, you will be discussing your family problems with another person. It starts small and it matures.

Interviewer: And you, Thami, do you agree with the other males?

Participant (male): I agree, you don't have to always go to a psychologist. But there are other problems which are too much and you cannot deal with them on your own and you will need counselling.

Interviewer: Okay, so this statement is not general for you for every problem. Some problems are too much and outside assistance would help.

Participant (male): Like to lose a child is something very emotional that you cannot deal with on your own. You need a psychologist who understands how it feels.

Interviewer: So are you going to look for someone who has kids?

Participant (female): No, but that person would know how it feels, even if he/she has not gone through it.

Participant (male): I would prefer someone who has experienced it.

Participant (female): But a psychologist is not going to say “I know how you feel” like what people would generally say.

Participant (male): You know there is a saying in Sesotho that you can only know how it feels by having gone through it.

Participant (male): But bro, the person will treat you according to the book. How they have been taught.

Participant (male): But I feel it’s better to go to an elder person... a granny, who has lost kids than to go talk to a psychologist who has not lost anything.

Participant (female): But the granny will tell you that it will be okay, and what is that?

Participant (male): It’s better to hear that from the granny.

Interviewer: Now we are talking about a psychologist and how the psychologist may or may not be able to help you. I think let’s move on, fragile

Participant (male): I said fragile because people will tend to tip-toe around you. We are more careful about the things we talk about...now you are being viewed as super sensitive.

Interviewer: You don’t want to tick them off.

Participant (male): Yes, you don’t want to tick them off.

Interviewer: Okay, the girls do you think that applies to women as well to feel that you need to watch yourself. You don’t want to be as direct?

Participant (female): Yes, you sort of want to treat them in a certain way because you know they are going through something.

Interviewer: Okay, now sick.

Participant (male): I think sick goes hand in glove with insane.

Interviewer: Insane, so sick and insane are the same?

Participants (mostly): Yes

Interviewer: Okay, so experiencing great difficulties do you all agree?

Participants (mostly): Yes.

Participant (male): Not for someone hurting your feelings or something (laughs).

Interviewer: Okay.

Participant (male): Like walking in and your woman is with someone else, you know something powerful.

Participant (male): Like he says, your girlfriend cheats on you, the next thing you fail your exams, the next thing your parents die. It must be serious.

Participant (male): Yes, horrible events.

Interviewer: It can't be something like your pet died.

Participant (male): Exactly.

Participant (female): In other words you guys are saying it must be a lot of things, you don't take steps when it is one thing.

Interviewer: That is why I put it as great.

Participant (male): Yes, because when you first came to varsity you are told that when you need academic advice psychologists are available. I mean, you are from high school now you need a psychologist for your learning things. What's the whole point?

Interviewer: What do you mean?

Participant (male): I get here from high school. At high school I was told what to expect at varsity. When I get to varsity, I am told that if I need help about my studies I can go see a psychologist. For what? Why don't I go to my lecturer and tell them I have a problem with this and that.

Interviewer: Okay... attention seeking

Participant (female): Some say when you go to a psychologist you don't really need help. You just like attention.

Interviewer: So it's not really insane or sick, it's just seeking attention. Other ladies, do you agree?

Participant (female): Yes.

Interviewer: And the males?

Participant (male): Like a guy... (not audible)

Participant (female): Like that girl who people thought she was lost. Her parents were looking for her and she was in Qwaqwa...seeking attention.

Interviewer: But would other guys tell you if they are going to counselling. Like I am not okay and I am consulting a psychologist.

Participant (male): Yes, one guy during our first year... a very classy fellow, extremely classy fellow. We came to talk about going to Spain and he told me about his counselling trips. So, I think there are guys who won't mind telling you about going to counselling.

Interviewer: Okay and they can't control their emotion? Do you agree with that?

Participant (female): There are people like you ask them what is wrong and they can't control it... they just burst into tears.

Participant (female): You know there are other problems that you can't deal with them, when you think of them you can't handle them, you just cry.

Participant (male): Question, so a psychologist helps you to control your emotions.

Interviewer: No, the questions was what is your perception of students who go to counselling. It's people who can't control themselves, so it links with weak. So guys do you think people who go to counselling are people who can't control their emotions

Participant (female): Yes, I agree with that.

Interviewer: And support systems?

Participant (male): Like for instance a guy who is brought up without his father but by older sisters. If he needs advice from a man he won't get it from the sisters. If he doesn't have parents he will get it from older men that he trusts.

Interviewer: Acknowledging difficulties, do you guys agree with that.

Participant: Yes.

Interviewer: And pity is the same as this one seeking attention, wanting people to know and tip-toe around them. Taking control and confident. It's that guy who just left. I think he talked about that they acknowledge their problem something like that. So it means they are confident they go out there and seek help instead of sitting with their problem. Now let's go to question two quickly. They need assistance to cope, so they need help. That is how you see it. Taking things off your shoulders, do you understand or need clarity.

Participant: We understand.

Interviewer: Lack support almost the same as support system.

Participants: Yes.

Interviewer: Avoiding to be judged because they don't know them on a personal level.

Participant (female): Sometimes when you go to someone about your problem, they don't see the true you anymore they only see your problems.

Interviewer: And courageous.

Participant (male): Courageous, since people see those who go to counselling as weak and whatever, you are then courageous to go because you have to be brave to actually go. So you are actually not weak.

Participant (male): I agree with that.

Interviewer: Okay, easily overwhelmed.

Participant (male): Yes, their lack of resilience, too much quickly.

Interviewer: I hear the yes, yes so you all agree with that.

Participants (all): Yes

Interviewer: And then healed.

Participant (male): Yes, healed.

Interviewer: Okay.

Participant (male): I didn't know what to say.

Interviewer: Are you saying we should take it off.

Participant (male): Yes.

Interviewer: Acknowledging problems.

Participant (male): They want to be healed so they acknowledge problems.

Interviewer: The girls do you agree with that issue of acknowledging problems.

Participant (females): Yes.

Interviewer: And the guys do you think that is necessarily true.

Participants: Yes.

Interviewer: Then empathy, what do you mean by empathy?

Participant (female): When you go to a psychologist, you go knowing that they will understand my problem.

Interviewer: So for people who go to counselling, you think they expect empathy. So it's not what you think of them but what they expect.

Participant: Not audible.

Interviewer: Okay, let's leave it then. True to themselves, so you think people who go to counselling are true to themselves.

Participants: Yes.

Interviewer: And open book.

Participant (male): It's kind of they don't bottle things up, they are acknowledging their problems and seeking support and going to a psychologist and not just sitting there.

Interviewer: So this open book also refers to acknowledging problems and seeking support system. And desperate and lonely.

Participant (male): By desperate I mean the situation has become serious.

Interviewer: Like it's a great difficulty.

Participant (male): Yes, its great difficulty and counselling is now a last resort. Lonely there is no one to talk to.

Interviewer: So there is no support and the girls do you agree with that.

Participants (females): Yes.

Interviewer: Extroverts, do you think they are extroverts.

Participant (male): I think they are extroverts.

Interviewer: And you think they are introverts?

Participant (male): I think the attention seeking ones are extroverts.

Interviewer: Okay and then overcome obstacles.

Participant (female): They want to work out their problems.

Interviewer: So it ties in with this one, they need assistance...and there is introverts.

Participant: Not audible.

Interviewer: Okay and the healing through talking, whose is this one.

Participant (female): They are talking to get healed.

Interviewer: So they are talking to get things off their shoulders. True to self, it's here already. Now you are going to rank them on the piece of paper in front of you. Rank them in order from 1 to 5 and let's see how many of you are going to rank the same ideas in the same order of importance. Insane and sick is one, weak and can't control themselves. Then low self-esteem, degrading, fragile, weak and can't control they can be the same. Support system and acknowledge difficulty. Just rank those and let me do the other ones.

Participant: So it's question 1 and question 2.

Interviewer: Just write question 1 at the top and rank them and do the same for question 2, so I can see which one is which. So please proceed to rank the second one after you are done with question 1. With regard to question 1, it seems as if your top five is insane, weak, low self-esteem, acknowledging difficulties and experiencing great difficulties. Thank you very much, let me give you something for your participation. This will assist me very much with my study.

APPENDIX D: CONSENT FORM: INDIVIDUAL INTERVIEWS



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Letter of Informed Consent

Dear Student

This letter invites you to participate in a research study.

The purpose of the study is to explore students' attitude towards the utilisation of counselling. The study is part of a doctoral thesis by Ms K. Fandie in the department of Psychology, under the supervision of Dr L. Naude and Ms I. Kruger.

You are invited to be part of this study because you are a South African student in his/her third year of study that has never been or has been to counselling at Kopsie Health, and you are either a Caucasian Afrikaans speaker or an African Sesotho speaker.

If you agree to participate in the study, you will be asked to be interviewed. Open-ended questions regarding perceptions of students who utilise counselling services will be put to you. An audiotape of the discussion will be made for the purpose of transcription.

Taking part in this research study is completely voluntary. To ensure anonymity your name or any identifying particulars will not be published in the thesis.

Statement of consent:

I have read the above information.

I consent to participate.

I do not consent to participate.

Signature of Participant: _____ Date: _____

APPENDIX E: TRANSCRIPT: INDIVIDUAL INTERVIEW

Example of an individual interview transcription (Black female participant)

INDIVIDUAL INTERVIEW 9

Interviewer: My name is Katlego Fandie, a PhD student in the Department of Psychology and I am doing a study on students' attitude towards counselling. So, I am going to be asking you a few questions and following them up to find out what kind of attitude do students have towards students who have been to counselling. I am using an audio tape to record our discussion or interview for the purpose of transcription and your name or any identifying particulars regarding you won't be mentioned in the writing up of the thesis. The first question is, how do you think students with no previous experience of counselling perceive students with experience of counselling?

Participant: Uhmm, ... I am not as certain but I think it's a personal issue. Uhmm ... I don't not have any immediate friends who have been to counselling. So I really can't say how they perceive us the people who have not been to counselling, the other way round, I ...

Interviewer: What I am asking is how are students who have been to counselling perceived by students who have not been? Students like yourself who have not been to counselling how do they perceive students who have been?

Participant: Ohhh ... all right, how do I perceive.

Interviewer: Not you, but students in general, we will come to you later?

Participant: I really don't know, like I said before. I think with us is with race maybe. With black students obviously it's not something that...ohh I have a friend, uhmm ... generally the perception with her was that she has a lot of problems which she can't solve herself. She can't sit down and do a self introspection and whatever she is experiencing, she would rather go to somebody else to fix her problems. That's the general perception I heard of people who have been to counselling who judge her that way. Uhmm and she had a lot of problems one after the other. It was either her academics, herself... because she was adopted at a young age 'cause she still had problems with that. Overall again the perception was because she was adopted by a well-off family, obviously they are richer so they can afford the counselling because she went to one of the top psychologist in Bloemfontein. Yes, that's the general idea, because that's the immediate friend I have who went to counselling. That she is rich and she has problems that she can't solve herself or with people around her. Maybe to open up to friends, her parents or the people who are causing that problem in her life. She would rather go to a stranger and tell her problems. And from her I got that uhmm ... no the psychologist doesn't know me so she won't judge me.

Interviewer: So that's her own take on things, that if she would tell other people they would judge her?

Participant: Yes, yes.

Interviewer: It sounds like she was overwhelmed, that she needed help and is it how it's being considered that you go to a psychologist when you are overwhelmed.

Participant: Yes.

Interviewer: And would you go to counselling?

Participant: I would. There was a time when I was young and I lost my father.

Interviewer: Mmm ...

Participant: And then ... umm ... immediately after the funeral I had to go to Germany for three months, so I felt like it was too much for me and because I come from a black family ...uhmm they didn't realize the importance of counselling. The person who saw that I needed help was my grandmother, because she was the head of the hospital back home. So, she saw... I don't know how nurses work, 'cause they work with people every day. So then, and because I feel like when I was young I saw things that shouldn't have not seen, like the violence. My dad was a violent person towards my mom. That was just brushed off. They didn't realise I was there, because I was the first born and my mom was pregnant with my other sister. When I was grown-up I thought it was too late because I have accepted the things, I have talked to my self. Uhhh ... I don't know sometime maybe later in my life then I would have to go to a person. I'm very liberal so if maybe it happens, I cannot handle it anymore because sometimes it comes, sometimes I am okay with it. I am old, it's been years. My dad is not here anymore but I still miss him. My mom is okay now. I just feel like maybe later in my life then I will. Something will have to push me and force me to go to a psychologist. Uhhh ... but right now I just feel I am okay. I've just grown into the things I have experienced ... I'm fine with it, so ja.

Interviewer: So, you saying maybe later, something would push you, so at the moment you don't see a need. So what do you think would push you to go to counselling?

Participant: Uhhh ... maybe certain problems that would add to it. Uhhh ... because I am a person who's always smiling, I'd rather lock myself in my room cry, do whatever, pray and after that I'm smiling again. So nobody around me really knows when I'm not okay. So, I feel like my bucket is getting full, so when it overflows ... (showing overflow with hands).

Interviewer: So it has to overflow first ... so it's full, but it has to overflow.

Participant: It's half-full or half-empty somewhere there.

Interviewer: Okay...

Participant: So I feel like when it starts overflowing that's ... there's going to be a situation when I feel like no... everything from a young age is going to start disturbing my inner peace and I'm going to have to go to find help. When it comes to my problems, I feel like I'm private. I want it to be dealt with by myself. I don't want anybody in my business. But as time goes on then I realise that things come back and it still bothers you, ohhh okay, I just feel like later in my life I am gonna have to ... if I experience ja ... which I am (laughs) ...

Interviewer: Okay ... so it sounds like, it sounds like it's difficult to go to a psychologist.

Participant: Yes, because I remember my grandmother wanted her (psychologist) to talk to me over the phone but I really thought of the importance and I wanted face-to-face interaction and time was running out. I had to leave ...

Interviewer: Mmmm.

Participant: I had to leave the country ... so I was like no no ... I feel like I was so overwhelmed at that point, everything was fresh. My dad's passing had opened some other wounds. Uhhmm ... because him not being here means that at the time I turn 18 or at the time I found courage to say, 'why did you do this, why did you do that', he is gone now understand. So I was just overwhelmed, the person I wanted to fix this, to be my counsellor is not here anymore so I don't need somebody to talk to me over the phone. So, I just told her that, no I don't want to talk to anybody at that point.

Interviewer: Okay, okay ... so it's going to take massive courage and a push for you to go ...

Participant: A very hard push, 'cause I know I am going to be in such a state when I go during the six weeks or four weeks that I go. It's going to be emotionally draining, it's going to be healing but it's going to be draining for me.

Interviewer: Uhhm, so the reason you need a push to go or for something to be very big and get bigger, how come? What's the reason for that, why are you ...

Participant: Hesitant.

Interviewer: Yes.

Participant: 'Cause I feel like the time is not right for me to be drained. I have a lot of things, I have a bursary, I have marks to reach and umm I must finish my course in a certain time. I can't take a year longer. So I feel like anything ... I am pushing out anything that could stress me out right now. So I can control those situation, so if I decide now to go to counselling ... uhhm its gonna force me to and drain myself again and force myself in that situation and accept that I'm healing. But I cannot afford it right now emotionally.

Interviewer: And the perceptions of others, does that have anything to do with it or your own background as to how would people see you when you go to counselling. Your cultural background or other people knowing that you have been to counselling, will that make a difference?

Participant: No, it wouldn't. I really don't care about what others think, but then I think my grandmother would think I am going crazy (laughs).

Interviewer: But how come she would think you are going crazy if she is the one who initiated ...

Participant: No, the other grandmother. The grandmother I was talking about before is the sister of my biological grandmother.

Interviewer: Ohh ... okay.

Participant: This grandmother I was talking about she is very how can I say it, sensitive. And I feel like because I am the first born and I have always portrayed that strength, they have always seen me as that girl in the family.

Interviewer: Mmm ...

Participant: Like the young ones must look up to me. So, I feel like she is going to be like uhmmm ... what's going on. But as I grow-up I'm getting them used to the fact that, it's okay I still have problems ... Like I said I lock myself up. I usually talk to my mom, but now I remember two days ago, a few days ago I was crying and I called them while I was crying and uhmm so that they can see sometimes I cannot really handle.

Interviewer: You are not as strong and you can also be weak at times.

Participant: Yes, yes, so maybe when I go to counselling they won't be as shocked maybe ...

Interviewer: In other words, if people go to counselling they are perceived as weak.

Participant: Generally ...

Interviewer: So, strong people don't.

Participant: That's the general perception, yes and from the outside circle my friends. I think they would still be like 'ohh she can't handle her situation, what's wrong with her, is she getting sick or whatever', because that's the general perception. But with me I wouldn't really care about how they talk about me. At that moment, it will be all about me, myself.

Interviewer: Okay ... alright that's fine. So you will need the push.

Participant: I will need the push, late on in my life.

Interviewer: Okay ... what is your own perception of people who go to counselling?

Participant: My own perception is that it's the perception I will have if I would go to counselling, big bucket full (laughs) so my perception is that they are very private people. Ummm ... and I have a perception that they are, they are not comfortable with people around them, the friends, the immediate comfort that should be there in your life. You are not comfortable with that.

Interviewer: Your support system in other words?

Participant: Yes, your support system with that specific problem specifically you are not comfortable with. Ummm ... and then I think again, what else was I thinking. Ummm ... I think maybe then ummm ... somebody said you need this. Somebody realised you are in a state, you need counselling and that was a push for them. That's the three things that I think would lead them to counselling. The bucket, somebody that you don't even know or even somebody that you see a lot but ummm...and they say to you, don't you think about that and that, try it out. See where it leads you. And the third one being the support, comfort, and obviously if you can go there alone without somebody pushing you to go there it means that you knew exactly where to find counselling. You maybe always thought about it, and when you go there, you find the perfect somebody to talk to and who can deal and help you to heal with whatever you are experiencing ...

Interviewer: Okay, with regard to that, how would you personally or what do you think of male students who go for counselling? Do you think you view them differently from males who have not been to counselling?

Participant: No, I wouldn't really judge them the only thing is they grew up in a different environment. The parents were like you're a man but it's okay if you have problems. It's okay to cry from a very young age. Ummm ... because I grew up with a lot of them, cousins, with my family what I realized is that at some point I turned into a tomboy and whatever they were playing I joined in, they grew-up very fast and suddenly they were men. They were being lured into that thing, that you have to be the man of the family and ...

Interviewer: They are now serious ...

Participant: They are now serious and then now here I am, I am laid back and we were playing play station not so long ago and here I have to remember I'm a girl again. So, with some guys I realise that they are very ... ummm how can I say, they accept that they have a feminine side. They realise they will have problems at some point and the parents or the support system was always like, 'it's okay, you don't have to hide it and pretend that you are strong, you are the man'. I think those are the ones that would go to counselling and I really don't judge them. I think of us as

human as one, as man ... uhmm ... when it comes to such things in life everybody will experience things that are above you.

Interviewer: But still even things are above you, you have to be in a position when you are weak to see that you are not coping now. Because, men in life are generally expected to be strong and so on.

Participant: Yes.

Interviewer: So does that play of weak and strong come into play now, when males have to go to counselling?

Participant: Uhmm ... that part I am not certain but uhmmm ... I wouldn't say with me, but with the general perception they would say, that man or those men that go to counselling are generally weaker because you should stand firm and say I am a man...I can handle everything. Because that is how a man should be according to society. But with me, it is not the case. It doesn't make a difference. It does not really make a difference. Like I said, we are all human. We are bound to experience something that is going to lead you to counselling, if you do realise maybe ... some people have realised the importance of counselling through someone who have been to counselling. So maybe that man ... uhmmm, had a friend or colleague that's been to counselling, so he felt or maybe secretly he went to counselling because ...

Interviewer: Very interesting, secretly.

Participant: Secretly, you know how men are. They would go secretly but they wouldn't want it to be known, because of the general society perception of how they are going to be perceived.

Interviewer: Which is?

Participant: Weak.

Interviewer: Okay ...

Participant: So that's what I think. But for me it doesn't make a difference. I wouldn't judge them, I wouldn't think they are any weaker. I'll just think of them as human too.

Interviewer: Now, for females is it different?

Participant: I think for females it is generally accepted. Females can cry anytime. Females are always complaining. Females are always talking.

Interviewer: Mmmm ...

Participant: So and we always have problems ...

Interviewer: Okay

Participant: Always. It seems like ... men always think females have problems because we always talking, we always have so many things to deal with. We always have things to worry about, about being judged about your actions, about how you portray yourself to the outside society. We have so many other things to deal with rather than men and for that, I feel like for that it will be generally perceived as okay for us.

Interviewer: Although men also have to be strong, they have to be independent, they have to look after families and be breadwinners and so on you know

Participant: And I think because we are more the emotional.

Interviewer: Okay.

Participant: Then it will be okay for us to go to counselling. And we do not hide our emotional side like the men do. Uhhh ... because often with us it's okay to be seen as weak at that point, when we experience that situation. With the man at that point, uhhh, he has to be strong, he cannot be seen cry ... he cannot be ... you understand.

Interviewer: Mmm..

Participant: I feel like it's just a little bit easier for us. Just a little bit.

Interviewer: Just a little bit, not too much.

Participant: Just a little bit, not too much, and it depends ...

Interviewer: I was just about to ask, now do female students inform others if they have been to counselling. Do they tell others?

Participant: Yes, my friend told us. She was very open, she was my senior actually, she was two years older than me and we got closer. And she would tell, I am meeting with my psychologist today. We already knew when she had appointments and stuff. So, I think the way that she talked to me is, she realised that I won't judge her. She didn't tell me the direct problem, but I'd know okay, 15:30 or 16:00, there was a subject we shared, she'd be like don't forget to take my notes I am going to the psychologist, I'll take them from you when I come back. We will go and have lunch and I'll say, 'what's those pills', and she would say, 'no, those are for calming me down and stuff'. So she didn't talk to me about the details ... but I would know about it. Ja, and she was okay with it, with everybody knowing.

Interviewer: Mmmm ...

Participant: I felt she had this attitude that it's about her. But it got to a point where she felt I don't need it, my parents think I need help all the time. She wouldn't even attend some of the sessions anymore.

Interviewer: Okay ...

Participant: With her I feel that the parents realised more than her that she need it. At the end of the day when she felt like she is okay the parents were still pushing and she felt that it was too much and she left everything. So, she was not secretive about it.

Interviewer: Okay, and how do you would think guys would be?

Participant: I think if it was a male friend of mine, I would just find out like, 'what are these pills for?', and he would reply 'no, don't touch them', or 'you are just imagining things'. With a girlfriend, 'okay friend, I've been meaning to tell you, 'cause now you know'. Yes that's the imagination I have.

Interviewer: Okay ... alright. Thank you very much for the input you gave me.

Participant: I hope that was helpful.

Interviewer: One last question. Do you think it's different for either Afrikaans males or females as opposed to ...

Participant: Definitely.

Interviewer: With regards to their cultural upbringing?

Participant: I have ... I won't say I have many white friends, but I grew up attending multicultural schools ever since I can remember. When I went to high school and now varsity. I'm more closer to the white girls because I'm a smoker. So, we all chill there in the quad for two hours. So we talk alot. With them through all the years I found that they are different, very different. Different to the way they even answer calls from their mother. The way they talk to their mothers. Everything to them it's just, you must be yourself. With us it's more like, it's a strict upbringing ... it's respect in a hardcore way. I'm not saying that it's wrong to talk to your parents about certain things. To them it's easy, very easy, with us we have to sneak to do something that you want to do. You find out that the white friends or the white girls that you know would tell their mothers or fathers and they would fetch them from that party or whatever thing they were attending. With us it was like, you are not supposed to go there. It starts from a young age, that no, no, no, no and then when you get to university and start having problems, you start failing, you start ... you know experiencing the other things, it becomes difficult to go to your mom. Friends will be there, but you feel like I need to tell my mom but ... you know. Uhhmm ... what is she gonna think. She sees me as this perfect little girl, I don't party, I don't do anything, but with the white girl ... it's a very open relationship that they have between their support system.

Interviewer: So, how would that influence going to counselling or not going to counselling?

Participant: Because in the black society it's not something that we used to seeing. If somebody needs counselling they are sick or they are going crazy or they are bewitched, you understand. With the white people it's something that is normal. It's normality to them and the general perception I've been saying all along it's from our side. It's from the black side. Their general perception, they don't have perceptions, it's normal for them. It's normal to have problems, if they get overwhelmed, then counselling is the answer. With us do not even think about that, because it's not something that you are used to. It's a very scarce resource for us because we did not grow-up seeing Aunty going to counselling or malome (uncle) going to counselling or mama ... you know.

Interviewer: Mmm ...

Participant: We know about it, but it's not part of us. Totally not.

Interviewer: So should you go to counselling it would be difficult to tell your family?

Participant: It won't be but I'm just saying with us how we grew up compared to the white males and white females. And the white males obviously their big and strong and whatever but when you see them when their young, their daddy's little boy. With us, the minute you reach teen phase, then you are like, 'I'm the man'. With them they still can go back, I just got that.

Interviewer: Okay, do you think it is easier for white Afrikaans males to go to counselling?

Participant: I think so, because of their support system.

Interviewer: How does the support system make it easier for them to go for counselling?

Participant: Because of the way they grew up, I presume. That it was okay from day one. They were treated in certain way, until they were a certain age.

Interviewer: Mmm...what way was that?

Participant: That it's okay baba, you can cry.

Interviewer: And with us you can't cry?

Participant: You can cry but then ... I am on social networks, I'm on everything, if a guy starts getting personal or starts tweeting about their emotions the whole followers, the people seeing that Tweet on black tweeter, they start saying. 'You are not a man bro, man up bro ha ha ha', 'no man are you really serious' and then when we wake up, we usually wake up to the white tweeter and then maybe they will be a white guy who has black friends and he is being emotional and it will be like, 'leave him, he is white'. You see even today like even our men are making fun of other

men. That's why I talked about secretly going to counselling and you see it on the social networks, because tweeter is a very blunt social network. It's very blunt, so you feel like everything you do, everything you feel, and you feel like tweeting it. When you are a man and you feel emotional just turn off your phone. Because they are going to behave like men, you know sometimes they don't see that it's serious and at that point that person is there. At their breaking point. Maybe that person is looking for, aggg shame, it will be fine, what's wrong. But no they are like 'man up'. Yes, that is what I'm noticing a lot.

Interviewer: So, would a woman get a different response if she would give emotional information like that about herself.

Participant: Yes, within a split second, everybody says what's wrong, are you fine. Even the personal messages somebody whom you don't even know, you have been following them for a year. You have not even met, but then you know each other because you started talking to each other, they'd be like what's wrong, are you fine, is there anything I can do. Do you need a hug? Because this happened to me two days ago ...

Interviewer: Okay.

Participant: and then this guy who I am in class with, I don't even know him. He actually came to just give me a hug. My eyes were all swollen because I've been crying. So it's totally different. Because with us it seems like it's okay, you are a woman. As soon as a man does that, it's totally different. It will be like, aggg shame...now you are not replying because (laughs) ... you don't want to be part of it. Yes.

Interviewer: With the white males what would be a response if they would tweet something like that.

Participant: It will be like, no man he's white.

Interviewer: And the other people, would there be other responses from the other people?

Participant: No, not really. Sometimes they would just ignore it cause maybe they figure aggg ... internally they are thinking he is from another race. But with black people ...

Interviewer: So, on one level its okay for people from another race, and on another level because he is a guy nobody is responding to find out what's wrong or what's happening.

Participant: Or they will be like, I'm talking about the black ones now. If it is something very deep they'll say, you'll be okay, you'll be fine, meaning that indirectly you are a man, you should be strong. So, it's what I got. I also had four friends in my second year, last year, from Karee. Karee is a very cultured, and one of the old residences on campus. We'd usually go there and chill and have our supper there at the male residence. They have a lot of mixed friends and then you

find that they also grew-up in an Afrikaans school, you can see that their different from the men that you know back home...understand.

Interviewer: Mmm ...mmm.

Participant: Because most of their time they spent at school with these people, so they...

Interviewer: Who are these people?

Participant: The white people or I am talking about the friends.

Interviewer: The black guys?

Participant: The black males they spent time with the white males.

Interviewer: Yes, more than they spent at home, because now it got influential to them somehow. Let me just say for example, the black male who has been playing sports and rugby, his whole life. He comes to university and residence there are white males, there is dominance of white males and he is totally different from the guy who you grew-up with playing soccer. So I find that last year, that they were very open. They were like, this person specifically was very open about his emotions and they talk sometimes amongst themselves. I felt like it was so cool.

Interviewer: But with regard to being open with their emotions. They felt fine talking about their emotions and they would, are you saying that they would somehow find support from the guys. Rather than sarcasm or someone saying man-up.

Participant: Yes, rather than be strong or whatever. But they would be ... they'd obviously say that but in a more... 'hey wat's vout' (what is wrong) and 'you know it's difficult but we have to push'. I got that sports team support with the guys that stayed at the residence because they are rugby players and they are cricket players. In the residence as well, they got that support even though it's a man support, it's not as emotional as us, it got deeper than the other guys I grew-up with. That sure, 'you'll be okay, let's play soccer again'. You know, it's a very different feel that I got from them.

Interviewer: Okay, so the way you were brought up, the people you interact with and the support you get gives you a different perspective on things.

Participant: Yes, yes. I feel that very strongly.

Interviewer: Okay, thank you very much.

APPENDIX F: ETHICAL CLEARANCE: FACULTY OF THE HUMANITIES

2 November 2009

For Attention: Dr. L. Naudé

ETHICAL CLEARANCE RE PhD Research Proposal

Student's name: Katlego Fandie (student number: 1996346225)

Proposed title: Student's attitude towards counselling: A cross-cultural study

Ethical Clearance Number: HUM2009/02.

The detailed proposal is a good indication that this is not merely a case of research for the sake of research. The proposed subject is well elucidated with particular attention to scientific justification. It is evident that the proposed research project is thoroughly analysed and outlined in terms of general purpose and aims, specific objectives, research strategy and methodology.

It is evident that the candidate is conscious of the sensitive nature of this research, as well as the potential ethical dilemmas involved. The candidate has identified certain ethical considerations that need to be taken into consideration, and has stated that all participation in the research will be on a voluntary, informed and confidential basis. Research of this nature is more often than not characterised by an ethical dilemma of dilemmas of some sort, which are not always predictable; the advantages of this proposed research project, however, far outweigh the possible risks. Based on the proposed research project submitted, no obvious ethical dilemmas are present, provided that basic ethical guidelines are followed throughout the research in order to secure that the research is conducted in an ethically responsible way.

It is, thus, the conclusion of the Ethical Committee: Faculty of the Humanities that this proposed research project is well motivated, and from an ethical point of view there seems to be no obvious reason why this project should not be recommended to proceed.

Regards

JC van der Merwe
CHAIRPERSON: COMMITTEE FOR RESEARCH ETHICS, FACULTY OF THE HUMANITIES (UFS)

APPENDIX G: WRITTEN PERMISSION – DEAN OF STUDENT AFFAIRS

From: Rudi Buys

Date: Tue, 22 Jan 2013 07:15:01

To: Luzelle Naudé; E Seane;

Subject: Approval: K Fandie PhD

**** High Priority ****

Dear Luzelle

Please receive herewith confirmation of the approval and registration with my office of the PhD study of Ms Katlego Fandie:

Student attitudes towards counselling: cross-cultural study.

We wish Ms Fandie success in completing the study and look forward to the results.

However, please note the following comments for her consideration and in support of the study:

1. The introduction of culture as variable to the study and the recruitment for comparative purposes of participants considered culturally diverse based only on language, may prove limiting if not clearly defined, which definition is arguably not yet sufficiently outlined in the research proposal. The reference to operationalising culture in terms of race and language may be contested in this regard, while it may be advisable to set race and language rather as direct variables tested and leveraged in recruiting participants. Bluntly put, if the study use race and language in recruitment and data-analysis, race and language also serve the variables.

In addition, the purpose of the study to recruit a sample considered as representative of the student population requires adherence to profile of the student population. Race and language serve as more optimal categories in this regard, as the baseline statistical profile of the student population are easier to trace and repeat in sample, rather than culture as the primary.

2. The purpose of a representative sample of UFS-students may be contested also as that purpose will require recruitment of the sample across campuses, require recruitment across various categories of students, such as Residence or Commuter Students, and increases the numbers of participants require. It may be advisable either to grow the study to achieve these requirements, or amend the protocol to define the sample actually recruited to the study precisely, thus supporting the results and contribution of its findings.

Kind regards

Rudi

B Rudi Buys

Dean: Student Affairs/Dekaan: Studentesake/Hlooho: Ditaba tsa baithuti

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APPENDIX H: TURN IT IN REPORT

KFandie Chpt 1-7			
ORIGINALITY REPORT			
13%	11%	7%	4%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS
PRIMARY SOURCES			
1	Submitted to Argosy University Student Paper	1%	
2	etd.fcla.edu Internet Source	1%	
3	Submitted to CITY College, Affiliated Institute of the University of Sheffield Student Paper	1%	
4	etd.uovs.ac.za Internet Source	<1%	
5	www.millsapscollege.edu Internet Source	<1%	
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