M. van den Berg
Email: marleneterapie@gmail.com

I.F. Jacobs*
Email: 21829446@nwu.ac.za, Tel: 021 864 3593, Fax: 021 864 2654. Compres, Centre for Child, Youth and Family Studies, North-West University, Potchefstroom Campus, Potchefstroom, PO Box 1083, 7654 Wellington

S. Weideman
Email: suzette.weideman17@gmail.com

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Factors contributing to the negation of therapeutic services by emerging adults at a South African university

Abstract

From a practice point of view it seems as if there are certain factors that might contribute to the fact that emerging adults tend to negate therapeutic help and services. It also seems to be specifically true with regard to emerging adults at university. Help negation seems to occur albeit the fact that therapeutic intervention is seen as an effective tool in managing distress. The aim of the study therefore was to explore which factors contribute to help negation behaviour in emerging adults at a specific university in South Africa.

A qualitative case study design was employed where participants who complied with the inclusion criteria set out for the study, were selected by means of non-probability target and snowball sampling. Fifteen students residing in campus residences respectively participated in one of three focus group discussions. Creswell's spiral of data analysis was used to analyse the transcribed data.

The data crystallised into four themes, which contribute to help negation behaviour in emerging adults. Emerging adults have a fear of being judged, stigmatised, recognised, of not being treated confidentially and a fear of being vulnerable and hurt. They prefer to seek help and support from their family and peers and to put their trust in God and their religion; they have internalised beliefs about themselves and therapy and a need for independence; student interns work at the therapeutic centres on campus which specifically contributes to help negation for emerging adults at the university. It is crucial that the professionals revisit their strategies and approaches in order to overcome negation of formal help and create a more understandable, approachable and effective therapeutic service to emerging adults, especially at university therapeutic centres.

Keywords: emerging adults; help negation behaviour; student; university

1. Introduction

In contemporary society, the term "mid-life crisis" is widely understood and used as a term to describe the physical, emotional and psychological crisis or transition that individuals undergo during middle age, spanning from the ages of 45 to 60 (Sadock & Sadock, 2003:46-47). According to Sadock and Sadock (2003:35), it is a known fact that adolescents go through a similar transition from puberty to adulthood. Arnett's (2007a:24) research builds on the

foundational developmental-phase work of Erikson (cited by Sadock & Sadock, 2003:211) in the 1950s. He therefore uses Erikson's term "emerging adults" to describe this life phase. Emerging adulthood describes the life demands and developmental roles, as well as the internal and external conflicts, that a person between the ages of 18 and 25 experiences.

Although literature around the definition and theory of emerging adults is starting to increase (Arnett, 2007:68), very little has been investigated around the therapeutic needs (Biering, 2010:65) and age-specific intervention options (Gowers & Cotgrove, 2003:479) for emerging adults. This study hopes to create an evidence-based platform to gain an understanding of the interactions between emerging adults and therapeutic services, as well as to inform action to improve this relationship.

2. Emerging adulthood as an independent life phase

Literature indicates that discrepancies exist with regard to the specific age and developmental norms of an early adult transitioning phase. For instance, it is stated that adolescence extends to the end of age 20, after which adulthood then commences (Sadock & Sadock, 2003:42). This implies that the interim period between adolescence and adulthood is merely a short period of adjustment and transitioning (Sadock & Sadock, 2003:41). Anderson and Lowen (2010:780), in their study, refer to individuals between 15 and 25 years as young adults whilst Van Voorhees, Fogel, Houston, Cooper, Wang and Ford (2006:746) claim that young adults are 16 to 29 years of age.

2.1 The emerging adult as a student

A large number of emerging adults occupy themselves by furthering their education through attending a university. This implies that, in addition to the developmental transition from adolescent to adult, the emerging adult also has to cope with the demands of campus life (Petersen, Louw & Dumont, 2009:102). Bojuwoye (2002:277-278) lists a variety of adjustments that emerging adults have to face in this environment, such as the fact that it is often also the first time that the emerging adults leave the security of their family homes and accept responsibility for themselves and their choices, cope with academic pressure, manage their own finances, develop a new social circle and grow in personal insight. Emerging adults also face stressful decisions, not only regarding future career paths and course choices, but also with regard to difficult social choices such as substance use or sexual behaviour (Arnett, 2000:475; Bojuwoye, 2002:278). Facing all these challenges can be a highly stressful experience and can be the cause of severe difficulty in adjusting to new life roles and environments (Bojuwoye, 2002:278; Mudhovozi, 2011:511).

Mudhovozi's (2011:520) study on analysis of stress and life satisfaction in universities indicated that emerging adults mostly use avoidance-oriented strategies, rather than emotion- or solution-focused techniques, in order to deal with distress. Across cultures, this often leads to an increased use of alcohol and substances to help cope with distress (Arnett, 2000:475; Gasquet, Chavance, Ledoux & Choquet, 1997:151). Researchers (Gasquet *et al.,* 1997:151; Pillay & Ngcobo, 2010:234; Wilson, Deane & Ciarrochi, 2005:1526) have also found a positive correlation between increased incidents of suicide ideation and attempts and the need to escape their experiences of distress in both adolescent and emerging adult populations.

It seems that few emerging adults manage to adjust effectively to this developmental phase, as it is currently believed that the emerging adult group has the highest prevalence

of depression when compared against all other age groups (Van Voorhees *et al.,* 2006:746; Vanheusden, Van der Ende, Mulder, Van Lenthe, Verhulst & Mackenbach, 2009:239).

3. Help negation behaviour

Help negation behaviour, according to Rickwood, Deane, Wilson and Ciarrochi (2005:14-16), refers to an individual *not* utilising therapeutic services, even though intervention is needed, available and accessible. Therapeutic services is seen as an umbrella term that refers to the broad range of psychological schools of thought which aim to intervene where distress upsets healthy living and disturbs successful adaptation (Timmerman, 2011).

Existing knowledge found that help negation is, at present, a common tendency within the emerging adult population (Gasquet *et al.,* 1997:151; Rickwood *et al.,* 2005:4; Van Voorhees *et al.,* 2006:751). This is supported by observations in a crisis mental health support service facility at a South African university where emerging adults utilised crisis intervention services but were resistant to being referred for long-term therapeutic intervention (Weideman, 2012). In this last instance, it was found that emerging adults who would require emergency mental health support would be orientated and referred to appropriate therapeutic services, but only made use of these services on limited occasions. According to Weideman (2013), it also often occurs that the same individuals later report for emergency support again, having negated the previous therapeutic help offered.

Briddle, Gunnell, Sharp and Donovan (2004:253) hypothesise that a potential reason for emerging adults' help negation behaviour is that therapeutic intervention is not created, presented and marketed to suit the specific needs of the emerging adult population. Calton and Arcelus (2003:294) noticed that intervention is focused mostly on the child, adolescent and adult populations, thus regularly overlooking the emerging adult age group. Abraham, Lepisto and Schultz (1995:75), as well as Gowers and Cotgrove (2003:479), postulate that the lack of age-appropriate intervention for emerging adults could be due to the limited information available on the type of intervention preferred by emerging adults.

Even so, the tendency of emerging adults to negate help, despite distressing adaptations (Asberg, Bowers, Renk & McKinney, 2008:482) and a high prevalence of mental health disorders in the population (Kessler & Walters, 1998:3; Vanheusden *et al.,* 2009:239) are alarming. It is disconcerting to know that services to support well-being and promote coping strategies, although proven effective, are often not used by the emerging adults.

Despite growing theoretical interest in the emerging adult phase, research on help negation is, however, scarce and often inconsistent (Biering, 2010:70; Rickwood *et al.,* 2005:5, 16; Wilson *et al.,* 2005:1526), especially in the South African context (Tomlinson, Grimsrud, Stein, Williams & Myer, 2009:368). No studies could be found concerning the engagement of the emerging adult population with therapeutic services in an African or South African context. The limited available research for this age group and for the South African context was confirmed in observations by the team who conducted the South African Stress and Health Study (commissioned by the World Health Organization as part of the World Mental Health 2000 Initiative) (Tomlinson *et al.,* 2009:368). This study thus aimed toward building a sounder scientific knowledge base.

4. Research design

A qualitative case study design aimed at gaining an intimate understanding of the behaviours and thought processes of an encapsulated population concerning a singular occurrence (Fouché & Schurink, 2011:320) was used. Welman, Kruger and Mitchel (2005:193) define a case study design as the understanding of the polarities and undercurrents of a single system or case, usually of a social nature (Nieuwenhuis, 2016:81). The case for the purpose of this study was thus emerging adults enrolled in a South African university. Fifteen emerging adults who at the time of the study received further education at a specific university in South Africa were sampled through target (Strydom, 2011:233) and snowball sampling (Henning, 2004:71) to participate in focus group discussions. The emerging adults were informed on exactly what would be expected of them as well as what they could expect during data collection. The emerging adults were thus able to make an informed decision with regards to whether they want to participate in the study or not.

5. Data collection and data analysis

Three separate groups, consisting of five, four and six students respectively met for the focus group discussions that lasted for between 90 and 120 minutes. The three focus groups were conducted in different time slots over a one-week period. This was done to accommodate students who could not attend a set time slot because of class schedules. Making use of focus group discussions as a data collection method with the purpose to explore factors that contribute to help negating behaviour might be considered paradoxical in the context of help negation behaviour. However, seeing that participants were expected to only give their opinions and reflect upon the specific phenomenon, focus group discussions were thus considered appropriate data collection methods (Welman *et al*., 2005:201). The focus group discussions proofed to have worked especially well as the participants engaged eagerly in the discussion and in this way they were "building on each other's ideas" (Nieuwenhuis, 2016:96). The groups

Schurink, Fouché and De Vos (2011:403) refer to Creswell's familiar data analysis spiral, explaining that qualitative data analysis moves in a cyclic nature and is in an ever-evolving process until holistic integration is achieved. In fulfilling the process of the organisation of Creswell's spiral, the transcription documents and recorded material were carefully compared to ensure that the data were presented in an accurate manner.

As multiple resources were considered in the study, the process of crystallisation permitted integrated and relevant findings to emerge from the study. Nieuwenhuis (2016:121) defines crystallisation as the emergence of data from the available resources.

6. Trustworthiness

Transferability as a construct to prove the trustworthiness of a study is considered problematic with a qualitative study. Qualitative researchers most of the time use a small population group which then makes it difficult to generalise the study to other similar population groups (Schurink *et al.,* 2011:420). There are however other ways to ensure the transferability of a qualitative study. One way is to present and portray the information in the exact manner that the participants revealed it and from their intended perspective. Data was therefore gathered to a point of saturation (Greeff, 2012) which indicated that the quality of data was rich and sufficient. By giving a thick and dense description of the collected data further contributed

to the transferability of the data (Shenton, 2004:70).Transferability was also established through the recruitment of participants from a fully-representative sample of the population. Promoting dependability refers to consistency of data collection and data analysis throughout the research process (Greeff, 2012). Confirmability refers to the manner in which the current research can confirm and support previous literature or be supported and confirmed by future literature (Schurink *et al.,* 2011:421). Confirmability was achieved through accurate, uninfluenced and thorough data collection and analysis throughout the research process. Confirmability was further achieved through the inclusion of a literature control during the discussion of the findings, which highlighted the fact that the research confirmed prior findings and expanded on knowledge to further future investigation (Anderson & Lowen, 2010:781; Bradley *et al.,* 2010:243).

7. Ethical consideration

Once ethical clearance was obtained from the Health Science Research Ethical Committee (ethical number NWU-00060-12-A1) permission was granted by the management of the relevant university to conduct the research study. Ethical aspects related to the research were addressed via informed consent based on the principles of voluntary participation, confidentiality, anonymity, avoidance of harm and the debriefing of participants (Strydom, 2011:115-117).

8. Results and discussion

The data crystallised into four themes indicating factors that contribute to help negation amongst emerging adults at a specific university in South Africa.

8.1 Theme 1: Fears with regard to therapy

One of the most challenging barriers to help seeking in emerging adults is the fears that they have regarding therapy. These fears also play a role in intensifying certain mistaken beliefs concerning therapy and can act as an aggravator for practical barriers.

8.1.1 Subtheme 1.1: Fear of being judged and stigmatised

Fear of stigmatisation as a barrier to help seeking is a widely reported phenomenon. It is reflected in findings of studies in most age populations (Borge & Fagermoen, 2007:200), but is also specifically noticed in the emerging adult population (Bradley *et al.,*2010:243; Vanheusden *et al.,*2009:240). Bradley *et al. (*2010:244) are of the opinion that this phenomenon is especially common in the emerging adult population as peer opinions and a need for acceptance are still important to the emerging adult. This theme could be triangulated fully as the student leadership of the relevant university have also noted that fear of stigmatisation is a help negation factor. In feedback and observations by the student council, they became aware that students did not want to disclose certain issues or discuss their problems with counsellors or social workers due to the fear of stigmatisation. In consulting student leadership on this study, the student council member for current affairs and the participants felt that the origin of distress is more linked to being judged and labelled than to the actual attendance of therapy. One participant summarised the opinions of all the participants by stating that, “I think that knowing you will be labelled as a big reason why we do not go for therapy.”

The student council member for current affairs was also of the opinion that students may be scared to enter the buildings on the campus where therapeutic services are offered, as

they may potentially be criticised by peers when they are seen entering these buildings. This was confirmed by the participants who reported an actual experience of fear, despite only entering the building for the purpose of participating in the study. The fear of stigmatisation indicates that there is still a lack of awareness and insight with regard to mental health and distress on university campuses (Pillay & Ngcobo, 2010:238).

8.1.2 Subtheme 1.2: Fear of being vulnerable and hurt

This subtheme offers what Massey (2011:23) labels as emergent data. This was an unforeseen insight and offered a novel perspective on the sentiments of the emerging adult population. When participants brought up the fear of being vulnerable and hurt it was accompanied by strong non-verbal responses that indicated the intensity of emotions that this fear elicits. The fact that therapy can potentially open up old wounds was shaded with strong negative associations: “It is too hurtful to process these issues again.” Another participant articulated, “You store away everything that has happened to you; if you begin to talk it will all come back again.” In a counteraction, another member questioned the group by asking, “Have you really processed the issue if it is still traumatic and brings you such a lot of unsettled emotions?” Most participants, however, associated more with the first statement and felt that the fear of re-experiencing such hurt and vulnerability was an obstacle too immense to surmount.

8.1.3 Subtheme 1.3: Fear of being recognised and not being treated confidentially

In a literature review study by Anderson and Lowen (2010:781) on mental health services provided to youth, it was found that distrust regarding confidentiality is a significant barrier to accessing and utilising therapeutic services. During the current study, the issues concerning confidentiality and anonymity also surfaced as participants felt that the possibility of not being treated confidentially would have a help-negating effect on them. Participants acknowledged that their fear of judgement and stigmatisation would increase their need for confidentially. This confirms the previous findings of Rickwood *et al.* (2005:17) that confidentiality is an area of concern because of fear of stigmatisation by others.

Participants indicated that this theme also considers their need for anonymity and thus an accompanying fear that they will be recognised or will have to face their therapist in a non-clinical setting. It may be that the setting of this study influenced this finding. The university and its main campus, where the study was performed, encourage a sense of community and thus familiarity: “I think you are especially scared here on campus that a therapist might talk to a physiotherapist or a receptionist.” Due to the sense of community it could well be that a student will visit the same shops or churches as a therapist. In this regard one participant remarked: “I want to see my therapist in therapy, not in another place.”

In addition, participants were aware of the fact that the therapeutic services departments offer supervision opportunities or internships for final year students. Again, the possibility exists that the emerging adult will be recognised by someone that they know or that they may be confronted with seeing the same person in a non-clinical setting. The dreaded awkwardness, potential judgement and sense of personal embarrassment all contribute to the fear of being recognised and not treated confidentially. As this would potentially prevent participants from attending therapy, it is classified as a conceivable help negation factor.

8.2 Theme 2: Personal and developmental aspects

Researchers (Arnett, 2000:469; Molgat, 2007:495) often remark on the complexity of the emerging adult developmental phase. One of the reasons for this complexity is the critical stage that an emerging adult faces with regard to their identity formations and transitions (Schwartz, Beyers, Luyckx, Soenens, Zamboanga, Forthun, Hardy, Vazsonyi, Ham, Kim, Whitborne & Waterman, 2011:839).

8.2.1 Subtheme 2.1: Awareness, but need for independence

The need to want to deal independently with problems and stress-related issues can be due to the need for independence and personal responsibility that according to Arnett (2000:473), is a developmental attribute of the emerging adult population. This need for independence includes the right to decide about their own health-related decisions and actions (Lenz, 2001:300). Participants explained that whilst growing up they did not experience autonomy and were always guided or supported in some way. Having now reached an age of increased independence they want to be fully autonomous, which includes accepting responsibility for their mental health (Rickwood *et al.,* 2005:16; Vanheusden *et al.,* 2009:240). Participants voiced their opinion by stating that, "I can deal with my problems on my own" and "I do not like the idea that someone else helps me, because I want to cope with my problems on my own."

According to Rickwood *et al.* (2005:16), the emerging adult's belief that therapy is not useful, contributes to the fact that they would rather deal with their problems themselves. Participants were of the opinion that all that is needed when a problem arises is to change one's attitude and take actions toward resolving the problem. Therapy would therefore be pointless. A participant pronounced, "With or without help, I will manage. The psychologist is only a placebo effect to get me to where I want to be." Although this is true for some individuals, others might need the support and skills that can be offered through therapeutic intervention, specifically in cases of severe distress and an inability to cope.

Lastly, participants felt that the level of autonomy they experienced as children could cause them to cling to a newfound independence associated with the freedom of campus life and they would thus not want to go to therapy where someone might engage with them from an authoritarian position. The need for autonomy extended to not wanting to be forced to go to therapy, especially by parents. One participant formulised the emerging adult's need for autonomy as follows: "I think young adults do not want to be prescribed to and they do not want guidance. They just want to figure it out for themselves." A participant justified the emerging adult's need for not wanting to be forced to go for therapy as follows: "I do not like the idea that someone else helps me, because I want to cope with my problems on my own" and "I can deal with my problems on my own."

8.2.2 Subtheme 2.2: Familial influences

Perry (cited by Arnett, 2000:474) explained that emerging adults are in a precarious position regarding their beliefs and opinions. They collected various introjected belief systems and behaviours throughout their development and are only now in a position where these views can be challenged and evaluated in order to develop their personal perspectives. The emerging adult is thus exploring their new beliefs, but is still largely influenced by the beliefs and behaviours from their childhood. For instance, if parents did not encourage the expression of emotions or the notion of therapeutic support it would make emerging adults less likely to consider and utilise therapeutic services in the present. In support of this a participant stated,

"It's not like we have been brought up in a home where everyone is OK with therapy or where you know that when you have problems you can go for therapy".

The student council for current affairs at the relevant university commented that specifically in the Afrikaans culture, there is a tendency to refrain from speaking about problems because of their conservative background and beliefs about needing to appear in control. These factors add to the emerging adult's reluctance to engage in therapeutic services as they have been brought up to face and deal with their problems alone.

8.3 Theme 3: Societal factors

This theme explores the reasons for participants negating professional help in favour of informal help from friends and families. It further elaborates on other societal factors that can influence help negation behaviour.

8.3.1 Subtheme 3.1: Using family and peer support

Bynner (2005:368) and Vanheusden *et al.* (2009:239) state that emerging adults are in a developmental phase where establishing solid social relationships is of crucial importance. Participants indicated that these relationships are often their source of support and guidance. Although parents, close family members, peers, even older friends or community role models could potentially give social support in times of distress, participants however placed great value on the importance of evaluating social support resources in order to determine whether the support would be valuable and sufficient in helping a person deal with a specific problem. One participant explained the following with regard to social support resources: "I know them and what they stand for … their integrity has been tested". Two aspects are considered here namely a person needs a "good" social support structure, such as friends or family that are trustworthy that can give valuable advice when needed. Secondly, a person needs enough support, thus having a sufficient number of individuals that they can go to for support. These aspects would be used to determine if a person has a solid support basis and if confirmed, therapy would often be deemed redundant.

Offer (cited by Rickwood, *et al.,* 2005:5), however, suggested that social support resources may not always provide sufficient support as the relevant person might lack the insight and training to provide help in severe situations. It was interesting to note that participants agreed with this hypothesis. A participant even stated, "It's not always a good thing, because they [social support] do not always know what advice to give you and can give you wrong advice". Participants also mentioned that support resources could sometimes come from a friend with poor social influence and that following this friend's advice could lead to more distress. However of more importance to the participants is that emerging adults normally have a variety of different support resources that are available to them in different situations. For instance, when one simply needs to have a good time a specific friend might be available, whereas another might be available to discuss relationship issues with and yet another to discuss religious matters with. In the case where emerging adults have such a support base available to them, they would not consider therapy and would negate formal help even when the help needed is critical of professional care. Emerging adults thus seem to value informal support from their family and peers over sometimes most needed formal (professional) support.

8.3.2 Subtheme 3.2: Depending on religion

Depending on religion, as with utilising social support, promotes help negation as participants felt that they would rather depend on their religion than go to therapy. Participants had strong opinions regarding receiving help from God versus seeking help from therapeutic services: "In my opinion you receive your answers from God" and "I feel that He [God] reveals to me what I have to change and then the responsibility lies with me to do so." It is of note that previous global literature on help-seeking behaviour did not raise religion as a basis for help negation. A vast number of students in the university population where this study took place, including the participants in the study, are known to have a strong religious foundation. It should be noted that the population demographic could have influenced this finding. A more diverse population is needed in order to determine the transferability of a strong religious foundation as a help negation factor of formal help.

8.4 Theme 4: Unprofessionalism of the therapist

From the participants' viewpoint, unprofessionalism was seen as being over-sympathetic; implying that something is wrong with the person; not having mutual respect; not respecting appointments or the emerging adults' time; and not communicating about administrative aspects. One participant shared that: "They (therapists at the treatment centre) treated me as if there was something wrong with me; they showed so much empathy that I thought, 'OK, maybe not' and I literally turned around and walked away." Another participant, who had the experience of a therapist that was late for their appointment, mentioned: "The issue that put me off was that you shouldn't be late for a session, you should be there, pitch up!" Similar issues were identified in a study by Klinger, Ladany and Kulp (2012:568-569) on therapists' moments of embarrassment. These included aspects such as mistakes in scheduling, missing or being late for appointments and confusing clients with regard to administrative arrangements.

Lastly, it is important to note the participants' concerns with setting-specific occurrences. The internship offered at the therapeutic intervention centre at the relevant university contributed to the belief that the therapist might be unprofessional and inexperienced. Participants believed (whether correctly or incorrectly) that a person who is still in the process of an internship would not be sufficiently professional. Although neither the professionalism nor the experience of a therapist or intern therapist could be confirmed, the emerging adults' perspective that they *might* be unprofessional or inexperienced would still contribute to help negation.

8.5 Theme 5: Confusion with regard to the availability of specific therapeutic services and procedures

Anderson and Lowen (2010:781) indicated that various studies considered availability of and access to services as being help negation factors. In the setting of this study therapeutic services are, however, both easily available and accessible. Even though they were all aware of the centre, its logo, number and even advertisements, they were not clear as to the actual purpose and procedures of the centre. Participants very honestly admitted that they thought the crisis support centre would help them change a flat tyre or replace a lost student card, confirming what one participant claimed, namely that, "No-one knows what services they offer." They felt that some students might not even know about the option, but that it is more a case of not knowing exactly what the service entails that kept them from using it (Anderson & Lowen, 2010:781; Rickwood *et al.,* 2005:18).

The current study indicates that emerging adults might be aware of the service, but if they do not have a sense of the procedures and a level of security regarding what will happen at the therapeutic centre, they are also inclined to negate the help. This even included uncertainty as to the exact location of the services. A potential hypothesis for this occurrence, postulated by the participants, was that students are informed of the existence of therapeutic services during their first week as students. This is often a very busy and overwhelming week for students and therefore the transfer of information can easily go astray. Participants specifically attributed this to the fact that they are so overwhelmed by the magnitude of information during the first week that they later forget that therapeutic services are available. In addition, it might be that the marketing of therapeutic services is not efficient or striking enough and thus emerging adults do not pay attention to the content of the advertisement.

Another potential explanation for this confusion that became evident through this study is that an emerging adult needs to muster up a sufficient amount of courage to surmount fears, mistaken beliefs and potential stigmatisation in order to attend therapy and get the help they need. In using Prochaska's model of change, Leite and Kuiper (2008:55) discovered that confusion and uncertainty could keep an individual stuck in the contemplative stage of change, without ever progressing to action. It is therefore a possibility that even the slightest insecurity about the procedure and location would decrease the emerging adult's courage radically and serve as an extensive help negation factor.

9. Conclusions

It is clear that emerging adulthood is a unique and critical developmental phase in the course of any individual's life. In this study, it is evident that the need for autonomy, as well as the desire to be independent, is essential developmental qualities for emerging adults. It can be stated that the very fact that these individuals are currently in a phase of emerging adulthood can cause them to negate therapeutic help. A need to establish oneself as strong, capable and independent does not coincide with asking for help or going for therapy.

In addition, beliefs that are cultivated and supported by the larger society, pertaining to dealing with problems alone and being weak when one needs therapy, contribute significantly to negative perceptions regarding therapeutic intervention. These negative attitudes and mistaken beliefs create a sense of doubt, insecurity and fear in the emerging adult when they consider therapeutic intervention.

Despite mental health and well-being becoming more popularised concepts in society, stigmatisation is still an active agent of help negation in the emerging adult population. Emerging adults' fear of appearing weak, of being vulnerable and of being labelled are the most prominent elements in instigating a fear of stigmatisation. The emerging adult's lack of awareness and internalised negative beliefs about therapeutic participation cause stigmatisation to be a profound help negation factor.

In addition, one should consider the impact of setting-specific aspects as help negation factors. In this study, for example, student interns assisted at the therapeutic centre, which caused emerging adults to be more wary of the therapists and fearful that their confidentiality would be compromised. Therapeutic centres that neglect to evaluate critically all aspects of their operation, including marketing, initial contact with a client, the procedures of making an appointment and the location of their venues, risk the potential increase of help negation amongst their client base.

Help negation factors are clearly denying emerging adults the opportunity to understand and manage their distress and emotions, or to gain personal insight and grow into the best version of themselves. It is crucial that the professionals revisit their strategies and approaches in order to overcome negation of formal help and create a more understandable, approachable and effective therapeutic service to emerging adults.

10.Recommendations

An attempt should be made to provide a positive and correct portrayal of therapy, as well as to rectify incorrect perceptions with regard to the mental health field. De-stigmatising the need for formal sources of help will greatly counter help negating behaviour. Mobilising public role models in verbalising their own struggles with mental health issues can act as a positive example to the emerging adult population seeking help. Therapeutic centres at universities should also take care to focus marketing strategies not only during the orientation of first year students, but to market therapeutic services constantly to students of all courses and year groups. The concept to employ intern students at these clinics should also be re-evaluated. Help negation will minimise if emerging adults trust the confidentiality and anonymity of the centres and can be assured that they will receive effective, high-quality intervention. Clinicians should continuously re-evaluate their method of therapeutic intervention when working with emerging adults. They for instance need to be aware of character traits such as authoritarianism, over-sympathising and advice giving, which have the potential to put emerging adults off therapy. General public talks presented by clinicians in an approachable manner can serve as a way of introducing emerging adults to a more engaging clinician population that they would want to engage with in a help seeking manner.

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