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EDITORIAL

Since its inception in 2009, the Southern African Students’ Psychology Conference has succeeded in attracting students from various universities to attend and present papers, posters, symposiums, and have roundtable discussions on various psychological issues. This biennial conference is a joint venture between the psychology departments of Unisa and other universities to bring students (and their lecturers) from Southern Africa together. Thus far, three conferences have been hosted: In 2009 the conference was held at the University of Botswana, in 2011 at the Unisa Sunnyside campus, and in 2013 at the University of the Witwatersrand. The conference is geared towards offering students and emerging scholars a platform to engage and reflect on their on-going learning and research.

This issue of New Voices in Psychology, which serves as ‘conference proceedings’ offers space for some of the papers which were presented at the 3rd biennial conference which was held at the University of the Witwatersrand in 2013. Under the theme of ‘Psychology (in) action’, the conference aimed to offer space for students to interrogate, engage with, and re-think the role of psychology in our current world. They tackled the question: Is psychology active or inactive in responding to our societal issues? Psychology plays a critical role in making sense of and responding to various issues that affect our society. It therefore becomes crucial to create spaces that interrogate the relevance, challenges, and possibilities that the discipline has to offer; and what better way than creating a platform for future discipline leaders to engage with such issues?

The issue starts with three articles that focus on the experiences of entering tertiary institutions and the challenges that accompany choosing an appropriate degree. The first article, by Giliana Mulalo Maxwell and Pilot Mudhovozi examines transitioning from high school to university and ways in which students adapt to their new environment. The authors focus on students who are from rural schools, thereby highlighting some of the challenges that face these particular students who are often ‘ill-prepared’ for this crucial transition, which is critical in shaping the paths they choose to take with regard to their careers. The next article, by Sfiso Mabizela, is almost in conversation with Maxwell and Mudhovozi as it also tackles the needs of first year students at tertiary institutions, with a specific focus on distance learning institutions and the role of career counselling. Many tertiary institutions continue to face the challenge of undergraduate student drop-outs and it is therefore pertinent to explore what the needs of undergraduate students and their reasons for dropping out are. The third article, by Daniella Weiss, furthers this interrogation of students’ experiences by focusing on the transition from undergraduate to postgraduate studies,
with a specific focus on selection criteria for postgraduate studies in psychology. South Africa continues to struggle with the issue of racism, which manifests in various contexts and institutions, including universities. Weiss’s article points to how race continues to be a marker of exclusion and inclusion when it comes to postgraduate selection of students.

South Africa has one of the highest unemployment rates in the world. Constance Mabela’s article, which explores factors that predict mental well-being, reveals that employment is a positive contributor to mental well-being. The next article, by Kimera Pillay and Sumaya Laher, pays attention to the relationship between personality and acculturation and show how there are significant personality differences between people who have been acculturated and those who have not been acculturated. The article by Blessing Chirisa zooms into the challenges of alcohol abuse. Focusing on Zimbabwean adolescents, Chirisa reminds us of the multidimensional implications of alcohol abuse. The final article, by Davidzo Mashiri, considers the various ways in which Intelligence Quotient (IQ) scores can be obtained.

The issue also includes an essay by Claudia Campbell in which she takes us on her personal journey of receiving psychological treatment. She takes on the conference theme of ‘psychology in action’ and links it to her own experiences of seeing and feeling psychology in action. She provides a very useful critique of the notion of care and asks: Does mental health care really care for mental health?

We conclude with five conference reports in which students and colleagues share their experiences of having been part of organising, attending and presenting at the conference.

I look forward to the next conference which will be hosted by Unisa in partnership with the University of Limpopo. The conference is to be held at the Unisa Polokwane Campus in June 2015. The theme of the conference is ‘Psychology in Communities’.

Puleng Segalo
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ARTICLES

Transiting from rural high school to university: The challenges of getting into an appropriate degree programme

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ABSTRACT

Transiting from rural high school to university is stressful enough, but enrolling into a suitable degree programme is even more demanding in this era of heightened competition for places at institutions of higher learning. Thus, the purpose of this study was to find out how rural high school leavers get admitted to tertiary institutions and how they go about choosing their degrees. A phenomenological qualitative design strategy was adopted for this research. This methodology facilitated the exploration of rural first year students’ adaptation experiences at university and it also facilitated the highlighting of some of the issues affecting them in getting a place for tertiary studies. Purposive sampling was used to select participants for the study which was coupled with focus-group interviews for data collection while thematic content analysis was used to determine the transitional experiences of the participating students. The results of this study indicate that there is hardship in getting into a suitable degree programme and this is more dominant among learners from rural areas than among those from urban areas. The study further revealed that challenges such as limited spaces in higher institutions, not meeting minimum selection requirements as well as
economic challenges are more widespread among learners from rural areas. It is envisaged that the findings of the study will assist University Faculties and Heads of Departments to better understand the transitional experiences of rural school leavers.

**Keywords:** high schools, learners, phenomenology, rural area, transition, university.

Enrolling for a degree at higher institutions of learning is one of the most important future pathways in the life of any learner. However, choosing a degree and being admitted into an intended degree programme is not as smooth as it is thought to be. For most school leavers, the transition is the most complicated, frustrating and stressful process to deal with, particularly for school leavers from rural areas. According to Santrock (2001), the transition to university is a very crucial period in school leavers’ academic path which involves a significant amount of flexibility and often causes distress. Transitions between institutions can serve as turning points for youth (Kinney, 1993; Seidman & Sabine, 2004; Weiss & Bearman, 2007).

In South Africa, the majority of matriculants are usually from poor backgrounds and are usually unable to access higher education due to poverty, poor elementary and intermediate education backgrounds, lack of information, distance from urban centres or educational hubs, and the historical apartheid discrimination tendencies still present in some tertiary institutions (Wange-Ouma, 2012 in Denhere, 2013). Some researchers have revealed that black matriculants from poor communities are unable to access Higher Education because of: poverty, in particular lack of financial resources, lack of information, poor education, weak support systems and low motivational backgrounds (Chapman & Boylan, 1990).

Rural school leavers tend to experience difficulties in searching for and enrolling into their intended degree programmes (Weiss & Bearman, 2007). Although some learners pass with outstanding results, they spend at least a year at home unable to get a place at a higher institution of learning (Marrett, 2000). Learners from rural areas face challenges such as limited spaces in higher institutions, not meeting minimum selection requirements as well as economic hardship in their search for a degree programme (Weiss & Bearman, 2007).

To make matters worse, rural youth tend to be less academically prepared for college than urban youth. They generally have lower SAT scores and have less access to advanced preparatory courses which prevents them from getting into competitive colleges (Super, Savickas & Super, 1996). Rural school leavers who manage to get into college often have difficulties attaining high academic achievement even though intellectually they are no different from their urban peers (Gibbs, 1995).

According to Gibbs (1995), low achievement scores among rural youth is chiefly due to limited high school course offerings and poor preparation for college. These learners often state that their high school coursework was not challenging enough
and did not prepare them adequately for tertiary level education. High school faculty and guidance counsellors voice similar concerns (Gibbs, 1995).

For most rural learners, choosing a career rests on a notion of both cultural and gender difference beliefs, such as nursing being for females and the engineering field being for males (Cowher, 1994). Community factors also influence decisions for youths to pursue higher education. Furthermore, rural youth are less likely to have contact with college-educated role models, and there are also relatively fewer jobs in rural communities that require a college education (Cowher, 1994). Peers often discourage rural youth from getting into higher learning institutions because they do not see the benefit of higher education or they realize that their friends will probably not return to the community after college (Super, Savickas & Super, 1996). Moreover, better paying, higher-skills jobs requiring a college education are more available in urban communities than rural communities.

It is a given that lack of information and advanced communication tools, such as the internet, play a role in limiting information access about application procedures and choosing good careers on time. As a result, many learners end up enrolling in wrong or unintended degree programmes just for the sake of avoiding sitting at home doing nothing for a year or more (Meece, Irvin, Petrin & Scarff, 2009).

**PURPOSE AND OBJECTIVES**

The purpose of this study was to find out how rural high school learners choose their degrees after getting admitted to tertiary institutions. The objectives were to find out the challenges they face in order to get enrolled into a degree programme, the application and admission processes until they are registered in an institution. Another objective was to find out how informed they were about the university environment during their secondary level education as well as to make recommendations on intervention strategies to assist learners from rural areas in finding places in tertiary institutions.

**METHODOLOGY**

**Research design and setting**

Qualitative, phenomenological research design was employed in the study. The study focused on issues experienced by participants during their search for a degree. The qualitative research approach allows the researcher to gain first hand holistic information about the experienced phenomenon (De Vos, Strydom, Fouche & Delport, 2011; Cresswell, 2003). Quantitative research approach was not used since the study needed to find out experiences which need in-depth and more holistic information than numerical data (Walsh, 2001; Maree, 2007). The study was
conducted in Thulamela Municipality of the Vhembe District in Limpopo province, South Africa. The participants were drawn from one university and one FET College in Limpopo.

**Participants**

In all, the sample for this study consisted of nine tertiary students from a university and a FET College. The nine participants included six university students and three FET College students. Of the nine participants, three were males and six were females and purposive sampling was used to select students who were first year students in university and FET College.

**Procedure**

Data was collected from focus group discussions and the data was audio recorded with the written consent of the participants and observational notes were taken. According to De Vos et al., (2011), Walsh (2001), and Kumar (1999), focus group interviews allow the researcher to elicit first hand holistic information from the participants. Participants were asked to discuss issues and difficulties of enrolling at the institutions where they were studying.

**Data analysis**

Data was analysed using qualitative thematic-content analysis. According to Cohen, Manion & Morrison (2000), this analysis is entrenched in the identification of themes of qualitative material often identified by means of coding schemes. Themes from the transcribed data were identified. The data was analysed in two phases. The first phase was carried out immediately after data collection and a tape recording was listened to and responses transcribed into a text document. The second phase entailed repeated reading of the data and frequently listening to the tape recording in order to identify responses to questions. The combined reading of the data and listening to the recordings yielded ideas that were written down.

From the listened and transcribed data, the following themes were generated:

- The duration learners sat at home after matriculation before finding places at a tertiary institution.
- How students manage to get admission into tertiary institutions.
- Perpetual factors responsible for enrolling for an unintended degree.

**ETHICAL CONSIDERATIONS**

Since the study was conducted during the participants’ spare time, permission had
to be obtained from them. The goal of the study was explained to the participants together with possible advantages and disadvantages of the study for both the researcher and the participants. Participants were also given the opportunity to ask questions before consenting to participate in the study and the freedom of withdrawal from the study was also disclosed. Permission to tape record participants’ consent was requested and consent forms were signed before the study commenced (De Vos et al., 2011). The participants were assured that all information pertaining to the study about their details was kept confidential and any information that could potentially lead to their identification was kept anonymous and no harm would come to them as a result of the study.

RESULTS

The main themes that emerged from the study were: the time taken after matriculating before being admitted to a tertiary institution; how students manage to get admission to a university and the extenuating factors behind pursuing unintended degrees. These themes and subthemes are presented and discussed in the paragraphs that follow:

The duration of stay after matriculating before being admitted

It was found that not all students who pass grade 12 go straight to university or colleges the year after matriculation. Four of the participants reported to have spent at least a year or two at home before getting into university. Some had spent as much as three years before being admitted to a degree programme and their verbatim is captured below:

‘I was very excited when I find out that I matriculated with bachelor, the sadness came when I went to UJ and I was told that I will not be admitted because I did not pass well’ (Participant 6)

‘I applied to many universities and in most of them I was told that I don’t qualify for the degree I wanted; it was a tough and bumpy journey for me for the rest of three years’ (Participant 1).

‘In 2011 I applied at the University of Venda and I didn’t get space. I spent the whole year just roaming around the streets’ (Participant 3)

‘Myself I didn’t know how to apply to the university to study and I just went to the university with my friends, when they submit their statements of results I submitted mine too and I was told that I qualify to study at the university’ (Participant 9).

The participants’ statements above correlate with Marrett (2000), who states that some learners pass with outstanding results but spend at least a year at home because
they have not secured a place for study at a higher institution. Lack of information and access to advanced communication tools such as the internet play a role in limiting access to information about application procedures and choosing appropriate careers on time. As a result, these learners end up enrolling in a wrong or unintended degree programme just to avoid sitting at home for a year (Meece et al., 2009).

**How students manage to get admission into a degree programme**

Only 4 out of the 9 participants managed to get admission on time. That is, they were admitted easily for their degrees. The rest did not manage to get admitted. For those who were admitted, they indicated that they were assisted either by a person already at the university, parents or they applied through their schools. For those who were not admitted, they stated that they didn’t apply for admission in good time; some applied but didn’t get responses from the preferred universities. The majority of the participants, even those who applied in time, reported that they were not pursuing their preferred degrees. They substantiated their situations as follows:

‘Myself I didn’t apply for myself, it was my uncle who just came back with the forms and asked me what I want to do at University. I said law and then He said Ok. He applied for me and I just received the admission letter’ (Participant 5).

‘Ey myself I went to the university after receiving my grade 12 results, it was very hot and we stood on the queue for late applications for the whole day. It was not easy just to get the application form. I remember I wanted to study BSc Environmental Sciences but pity it was full and I was forced to take BSc Agriculture’ (Participant 7).

‘Honestly, most of us are attending to the university we didn’t want to attend to. Like myself I wanted to go to University of Limpopo, unfortunately though I applied in time, I was not admitted and I was forced to go to University of Venda just to be studying anything’ (Participant 4)

**PERENNIAL FACTORS BEHIND DOING UNINTENDED DEGREES**

**Not applying for admission in advance**

The first factor that is perpetuating getting into unintended degrees is the fact that many school leavers do not apply on time to their targeted institutions and most of them do not also apply to the nearest institutions. This is illustrated by the following statements:
'Myself I didn’t apply in advance because normally I didn’t want to study here. I only came back from Gauteng when I realised I am not getting admitted and its then that I came to my home university for the sake of not staying at home’ (Participant 3).

'I didn’t apply at all. I just came here in January with my friends when they were submitting their statements and I just submitted mine as a try not intentionally. And I was told that I qualify for Environmental Sciences, I didn’t want to do it at all and I never knew what it was all about’ (Participant 5).

The above find synergy with the following extract from Molapisi (2009) ‘The first challenge was to find acceptance in the university because I hadn’t applied the previous year and the universities were full’. According to Molapisi (2009) this extract showed that failure to apply to the universities in time may result in distress of its own.

**Limited places in academic programmes**

This is seen as the most dominant factor at many higher institutions. Many academic programmes admit a limited number of students per year and many students end up just getting registered into any degree to avoid doing nothing at home. The following statements illustrate this finding:

‘I came here for nursing, but I was told that it’s already full, then I just apply to do BSc Agric since there was a space’ (Participant 1).

‘I loved Environmental sciences since I was a child but now I am doing Agricultural Science, I applied on time but when I arrived at the university I was told that Environmental science is full’ (Participant 4).

The same applies to me, I applied to study BPharm at university of Limpopo but I was told I am on a waiting list because the programme was full already. I was told that I will be allowed to register if one of the applicants admitted does not register’ (Participant 2).

From the study it was found that scarce skills academic programmes have limited space and can accommodate only few students.

**Not meeting minimum admission requirements**

Another factor leading to students doing unintended degrees is that they don’t meet the minimum admission requirements for their intended degrees. Five participants stated that they were doing unintended degrees because they didn’t qualify for the ones that they preferred. Below is what they said:

‘I was very happy when I received a conditional acceptance letter from the institution, it said that my admission will be finalised on receipt of my final grade 12 results.'
Unfortunately when I get my results I realised that I didn’t pass life sciences well and at the institution they told me that because my Life Science is level 3 I won’t study Nursing since they need level 4 and above’ (Participant 1)

‘Yoh! The most disappointing moment is when you are told that you don’t qualify for a course because of subjects or because your APS-score is below average. I experienced it and now I am doing a degree I was not looking for only because I had no choice’ (Participant 3)

‘Myself I qualified for my degree but the problem was competition on APS score, I had only 34 points and the top 30 students who were selected were having 38 points and above’ (Participant 6)

This correlates with Gibbs’ (1995) findings, that low achievement scores among rural youth is chiefly due to limited high school course offerings and poor preparation for college. Rural students often stated that their high school coursework has not been challenging and did not prepare them adequately for tertiary level education.

**Lack of information**

Another perennial factor and a challenge to rural high school learners in choosing a wrong degree, is the scarcity of information about the application processes and information about the university degrees. From the study, it is evident that many learners from rural areas lack information about university level education systems. This supports the report by Meece et al. (2009), in which they state that lack of information can be a barrier to higher education access. For example, rural youths lack the ‘road maps’ necessary to access colleges. Two participants claim that much of the information they got about universities, was about leisure and the fun of the university environment. The following bear testimony to the above:

‘Myself I was partially informed about the university environment, all I was told is that university is fun, you have the freedom of doing whatever you like the time you like because your parents are not there. But the application process and the nature of study I was not informed fully.’ (Participant 2)

“It was not easy for me to get information about what to study at secondary so that I can do Medicine. I also didn’t know the universities I should apply if I need to study medicine.” (Participant 7)

‘Just like me I did History and Geography while I intended to study engineering courses and at universities they told me I need Physical science and Maths for me to do any engineering field’ (Participant 8)
Social and familial expectations

Results from the study revealed that most students do an unintended degree due to social or familial preferences. In most instances parents dictate the kind of degrees for their children and expect their children to pursue such degrees. This is evident by the participants’ answers below:

‘When I was growing my mother used to tell me that I have a tender heart, and I am very caring and as such I am suited by doing Nursing or by being a doctor’ (Participant 6).

‘Yah it is true that culture plays a role on determining our careers, for example when I told my family that I want to be an Agricultural expert they said I am mad, How can I do agriculture because is more of masculine’ (Participant 4).

‘You can’t do engineering, no one in our family is an engineer so who are you to be different from your brother and sister. I am a teacher and your sister is also a teacher. Better do teaching or social worker’ (Participant 2).

This is consistent with Cowher (1994), who states that for most learners, choosing a career rests on a notion of both cultural and gender difference beliefs such as nursing is for females, engineering is for males etc.

DISCUSSION

This study has established that rural school leavers face difficulties when trying to get into a degree programme. It has also emerged from the study that some participants spend some years at home before being admitted to study at a tertiary institution. These findings are consistent with those of Marrett (2000) and Seidman & Sabine (2004) who state that lack of information and less access to advanced communication tools, such as the internet, play a role in limiting access to information about application procedures and choosing the right careers in time. As a result, these learners end up enrolling in wrong or unintended degree programmes just for the sake of at least doing something at the university. Some end up losing hope in the process and start looking for jobs, which can be difficult with only a grade 12 level education.

In many universities there are a limited number of vacancies for many programmes which makes it hard for many rural high school leavers to get admitted. Challenges faced by many students include not meeting the minimum academic admission requirements for the degrees of their choice, which leads to most of them getting registered in degrees they were not intending to follow in the first place.

Financial difficulties also play a role in hindering rural school leavers from getting information about university procedures. With good finances, these school leavers would be able to travel to nearby institutions to get information on their intended
degrees. Not having access to upgraded communication information technology, such as smart cell phones and computers, as well as inability to use internet also hinder them from accessing information from universities. Nowadays, many universities are using technology to advertise, inform or even communicate with communities. This correlates with Meece et al., (2009), who state in their research that lack of information can impinge access to higher education.

CONCLUSION

As three themes emerged from this study, it is a telling fact that a lot needs to be done to educate rural learners on career choice. The fact that many learners are doing unintended degrees rather than the degrees they preferred due to lack of information of the application process, late applications, limited places in higher institutions as well as not meeting the minimum requirements for the candidates’ intended degrees is sheer wastage of human resources. There is a need for vibrant consolidated career guidance in rural areas.

RECOMMENDATIONS

Since rural based learners still lack crucial information about tertiary institutions, it is recommended that rural teachers of grade 12 be trained and well versed on the information gadgets for helping their students well in advance on how to apply to tertiary institutions. In addition, the schools themselves should have accessible equipment to facilitate the whole excise around application and choosing a degree programme right in the schools. Being sure of a career choice while learners are still in school is very challenging and advice from the parents, teachers as well as professional institutions is needed. For example, career guidance counsellors can be very beneficial to secondary school learners. It is further recommended that the South African Department of Education should strengthen the career guidance programmes in rural areas and that further research be done in the other rural provinces of the country.

LIMITATIONS OF THE STUDY

We acknowledge that this sample was drawn from one province and hence is limited. However, we maintain that useful information was obtained from the representative participants in Limpopo.
**BIOGRAPHICAL NOTES**

**Giliana Mulalo Maxwell** is a PhD student at the University of Venda. He completed his BPSYCH and MA Psychology degrees at the University of Venda in 2007 and 2014 respectively. His main research interest includes Psycho-education of youths; Trauma as well as developmental psychology.

**Professor Pilot Mudhovozi** is an Associate Professor in the Department of Psychology at the University of Venda. His research interests include counseling and educational psychology, and HIV and AIDS.

**REFERENCES**


Exploring first year student counselling needs in an Open and Distance Learning institution

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ABSTRACT
Directorate for Career Counselling and Development (DCCD) at the University of South Africa conducted a study to explore first year student’s counselling needs. A descriptive research design was employed. The survey questionnaire, adapted from Gallager, Golin, and Kelleher (1992), was emailed to a total of 6458 first year students from the College of Agriculture and Environmental Sciences (CAES) and College of Science, Engineering and Technology (CSETs) and the response rate was 60%. The measuring instrument has an inter-item reliability of 0.92. Initially, student’s counselling needs were classified along three constructs, the factor analysis showed that there were six constructs which were named: Career Advancement (CA), Self (S), Effective Studying Skills (ESS), Job Searching Skills (JSS), Organisational and Planning (O&P) and Relationship and Emotions (R&E). Students were compared according to age groups, race, gender and college. Descriptive statistic were performed and the results showed that first year students needs counselling on adaptation to studying at an Open Distance Learning (ODL) institution, knowing career opportunities, improving study skills, preparing for examinations, identifying further study opportunities, compiling career portfolios, preparing for job interviews, and dealing with exam failure. Counselling needs which are considered less important to students were issues relating to accepting others and dealing with peer pressure.

Keywords: counselling needs, College of Agriculture and Environmental Sciences (CAES), College of Science, Engineering and Technology (CSET), Directorate for Career Counselling and Development (DCCD), first year students, and Open and Distance Learning (ODL)

According to Siddiqui (2007), Open and Distance Learning (ODL) is a viable means of supporting attainment of academic, social and economic development around
the world. This type of learning can enhance access to education as a result of its flexibility and elasticity, expandability. ODL can be described as a multi-dimensional concept aimed at bridging the time, geographic, economic, social, educational and communication distance between student and institution, student and academics, student and coursework, and between student and peers. The present study was conducted at the University of South Africa (Unisa) which is an ODL institution. The present study is a prerequisite in the sense that students counselling needs should be continuously explored in order to strengthen the Directorate for Career Counselling and Development (DCCD) which offers a wide range of support and counselling services to students. Despite the dearth of literature concerning the counselling needs of students at ODL institutions and Unisa in particular, there are a handful of research studies which have been conducted in full time higher education institution. Although ODL and full-time institution differ in various aspects, research studies conducted in some full-time institutions provided the foundation for the present study.

LITERATURE REVIEW

The university experience, especially for undergraduate students, is one of transition, a process of continual engagement and disengagement as individuals encounter new academic and personal challenges (Rickinson, 1998). On the other hand, students are confronted with various developmental challenges, including separating from their family, setting up their own social networks, coping with the rules and requirements of an organisation, stepping into a career path, and building romantic relationships (Giovazolias, Leontopoulou & Triliva, 2010). This signals that there should be an in-depth orientation to help students adapt to the challenges that comes with being a university student. In addition, at an ODL institution like Unisa where contact with lecturers is minimal, students’ concerns should be a priority and be considered as an important aspect to enhance students’ academic success.

Furthermore, Subotzky and Prinsloo (2011) who conducted a study at Unisa to develop a model and framework to improve students success in an ODL institution, argue that most students are under prepared for higher learning as the consequence of an on-going legacy of apartheid and predominant substandard schooling systems, emanating from a disadvantaged background and facing deeply rooted socio-economic challenges which in combination threaten their success. This signals other aspects that pose a threat on students’ academic success which should also be taken into cognisance by counselling centres.

In the United States of America (USA), Gallagher, Golin and Kelleher (1992) identified a number of significant personal, career and learning skills needs of college students. The results indicated that overcoming procrastination and problems with public speaking anxiety were the most prevalent personal concerns of students, with
52% and 45% of students reporting a high to moderate need for assistance regarding these problems. Other items that were indicated as being in the top three personal concerns included increasing self-confidence, increasing motivation, eliminating self-defeating behaviour, becoming more assertive, fear of failure, controlling anxiety and nervousness, relationships with faculty, controlling weight, and coping with depression. Furthermore, 25% of the students indicated a high to moderate need for help with their feelings of depression, 58% indicated the need for assistance in terms of developing job search strategies, 40% for overcoming procrastination, 39% would like assistance with making career choices, 46% would like to improve their study skills, 45% would like to learn better test-taking strategies, and 45% indicated the need for assistance in developing better time management skills. Fear seemed to be a common theme in many highly ranked concerns, such as the lack of self-confidence, lack of assertiveness, worries about getting a job, anxiety about test-taking skills. There were 31% who indicated the fear of failure being a major concern. In addition, female students reported significantly more concerns than male students with controlling their weight, whereas male students reported significantly more concerns with their discomfort in social situations, adjustment to campus, anxiety about AIDS, improving reading skills and dealing with peer pressure and drinking too excessively. Consequently, this suggests that males and females may require different counselling services from university counselling centres (Gallagher et al., 1992).

In Cape Town, located in South Africa (S.A), Nicholas (1995) investigated the personal, career, and learning skills needs of first year students at the University of Western Cape (UWC). The findings showed that 95% of respondents indicated that they required help with five items or more. These five concerns included, overcoming procrastination, public speaking, increasing self-confidence, increasing motivation, and eliminating self-defeating behaviour. Nicholas (1996) suggested that the increase of access to universities in South Africa by underprepared learners necessitates the evaluation of their needs in order to avoid high drop-out or failure rates. There is a perception that the quality of guidance in high schools in South Africa is much lower than it should be, as many guidance counsellors are inadequately trained (Nicholas, 1996). In turn, this may have major implications for university as there are a great number of first-year university students who could have poor study skills and are enrolled in programmes in which they may be unsuited for, and may not be familiar with seeking or using counselling to assist them with their problems. Consequently, there may be at greater risk of failure (Nicholas, 1997). The usual personal, career, learning skills and financial problems that students may experience during their academic years, may appear overwhelming, given the insufficient resources allocated within tertiary educational institutions to lessen student problems (Nicholas, 1997). Students also differ regarding their counselling needs sessions.
(1998) conducted a study to explore students’ perspectives concerning support service needs in distance learning. When she asked them what had most helped them in their distance education learning, respondents offered comments that could be clustered into five categories: personal issues; employment issues; course design issues; communication issues; and other factors. This shows that counselling services can be in a better position to respond to student counselling needs if a student counselling needs analysis is done.

There are cases where students would prefer to be consulted individually and there are cases where they would prefer group counselling. This needs to be well noted as it can defeat the goals of counselling. For instance, Nicholas (2002) conducted a study to investigate first year students’ counselling needs and preferred counselling sources. The results showed that individual counselling was the preferred form of assistance chosen for only five items, namely the fear of failure, overcoming procrastination, and coping with depression, discomfort in social situations and coping with loneliness. Group counselling was preferred for concerns like sexual identity concerns, careers, time management, and AIDS anxiety. Lecturers were identified for half of the items (21 out of 42); whereas there was a high rate (32 out of 42 items) of students who reported that they sought preferred assistance from professional help outside the university. Many students indicated that they utilised indigenous healers and religious healers as their preferred means of assistance for the concerns they indicated. In another study conducted by Giovazolias, Leontopoulou and Triliya (2010) in two Greek universities to explore students counselling needs, they found that issues relating to relationships, goal setting and problem solving were the main counselling concern of the participants. Moreover, they also found that students who were experiencing psychological difficulties were not likely to visit university counselling centres.

RESEARCH DESIGN AND METHODS

To understand the counselling needs of first year students, a descriptive method was the best option. The research process started by reviewing literature on students counselling needs. A survey questionnaire adapted from Gallager et al. (1992) was further modified to tap on the elements of the Unisa institutional character. A descriptive research is suitable with studies that seek to accurately portrays the characteristics of persons, situations and groups (Polit & Hungler, 2004). For the purpose of this study, descriptive design fits in with the aim which is to explore and describe the first year student counselling needs.
Measuring instruments

The measuring instrument was adapted from the Gallager Survey of Students’ Needs (1992). The questionnaire has 23 items all on a 5-point Likert scale ranging from 1= ‘Strongly disagree’ to 5 = ‘Strongly agree’. The three original scales were named as career issues, academic issues and personal issues. Career issues dealt more specifically with selecting the appropriate career path and preparation for the work place. Academic issues were conceptualised as typical aspects that every student might face at the university. Academic issues scale covered aspects like time management, preparing for examinations, and dealing with exam failure, adapting at an ODL institution, improving study skills and reading and writing more effectively, developing numerical skills and avoiding procrastination. The third scale dealt more with personal issues such as health, financial challenges and relationship issues impacting on studies, dealing with peer pressure, accepting self and others, coming to terms with sexual orientation, and an understanding on how emotions and feelings affect behaviour. The questionnaire has an inter-item reliability of $\alpha=.92$. A factor analysis was performed to assess the validity of the instrument. As a result six (sub) scales were identified namely, relationship and emotions (six items), organisational and planning (five items), job searching skills (three items), effective studying skills (four items), acceptance (two items), and career advancement skills (three items). The decision to regroup the constructs was based on the factor loadings of the items. Above mentioned constructs were identified and labelled respectively.

Sampling

The target population for this study were first year students registering for the first time at Unisa during the 2012 academic year. As this study was conducted towards the end of 2012 academic year, targeted first year students were those who registered during the first and second semester. The survey questionnaire was sent to 6, 518 first year students, 2, 245 from the College of Agricultural and Environmental Sciences (CAES) and 4, 213 from the college of College of Science, Engineering and Technology (CSET). The sampling frame was obtained from the database of first year students registered from both colleges. Simple random sampling was used as a sampling method, given that every first year student from the above mentioned colleges had an equal chance of participating in the study. In addition, simple random sampling is defined as a method where each element has an equal chance of being selected, and the selection of each element was independent of the selection of the previous one (Durrheim & Painter 2006).

Ethics

Ethical clearance to conduct the study was obtained from the university. Students were not coerced into partaking in the study. Students who wished to partake in the
study were informed that they would remain anonymous and the information shared would not be linked back to them.

**Recruitment of subjects**

First year students were invited to take part in the study by short-message-service (SMS) which requested them to partake in the study, informed them about the study and where to find the survey questionnaire. The questionnaire was placed on the student email system (MyUnisa) to every first year student from the CAES and CSET.

**Subjects**

The sample size of the study was a total number of 107 participants. The breakdown of participants race indicated that 85% were Black, 7% White, 5% Indian, and 4% were Coloured. Of the 107 first year students who participated in the study, 54 students were from the CSET and 53 were from CAES. Below is a graphical presentation (Figure 1) which depicts the race of the participants

![Pie chart depicting the race of the participants](image)

**Figure 1:** Pie chart depicting the race of the participants

The clustered bar chart (Figure 2) displays the age groups of participants and shows that there was a great difference in terms of age groups as 60% of the females students were between the age of 17-21 years while male students between the age of 17-21 years were less than 40%. However, males between 22-27 years were represented by slightly above 60% participants compared to females of the same age group who were below 40% respectively.
Data analysis

Descriptive statistics was performed through SPSS to explore differences in the scores of participants in all items of the questionnaire. After critical observation of the results, the researcher wanted to understand the origin of variance. In doing so, attention was directed at ascertaining the variance in the mean scores of participants per gender, age group and college. The researcher envisaged that knowing the core of variance in the mean scores of participants will facilitate the understanding of sampled first years student’s counselling needs. The focus of data analysis was on items that have the highest and lowest mean scores.

Sub-scales

The sub-scales were named based on factor loadings. As indicated earlier, the questionnaire consisted of only three constructs. However, as factor analysis was performed during the data analysis phase, six sub-scales were identified. Relationship and emotional self-management (R&E) consisted of five items ranging from sexual orientation, relationships, emotions, and health. Academic skills and attitude (ACA) has five items focused on developing essential academic skills. Job searching skills has three items encapsulating aspects that were important for students in preparing for the world of work. Effective studying skills sub-scale (ESS) has four items that were centred on effective studying skills and adapting at an ODL institution. Self and others-acceptance sub-scale has only two items that dealt with acceptance. Lastly, career advancement (CA) sub-scale has three items that dealt specifically with career

Figure 2: Bar chart depicting gender and age groups
opportunities, postgraduate programmes and the relation between values, interest and skills on one’s career. In conclusion, the subscales were therefore named on the grounds of the items the researcher assumes they encapsulate.

![Figure 3: Depicting the mean scores of six sub-scales](image)

**RESULTS**

The mean scores were based on six subscales identified through factor analysis were CA, 4.31; Self, 3.016; ES, 4.26; JSS, 4.13; O&P, 4.12 and R&E, 3.18. Comparison of the constructs shows that they range from one to five. Higher scores on the sample means of the CA, ES, JSS, and O & P constructs indicate the counselling needs that are important to first year students and which DCCD should take into consideration. However, the lowest scores on the means of constructs R & E and Self and others seemed not be of high important to the sampled first year students, but it was not be overlooked given the sample size of the present study. As the main aim of this study was to uncover the counselling needs of first year students, the focus of analysis will be centred on the students’ mean scores for all items in the questionnaire. Emphasis was placed on the counselling needs that were more important to students, seven middle items and the lower items which are not of high importance to the sample of first year students. When descriptive statistical analysis was performed on all items, the results showed that the students required counselling regarding to adapt studying at an ODL institution, career opportunities related to the course for they were studying, improving skills, preparing for examination, postgraduate study opportunities, compiling career portfolio, preparing for the job interview and dealing with examination failure. The seemingly less important counselling needs relates to accepting others, dealing with peer pressure and support regarding sexual orientation.
DISCUSSION

The findings of the present study show that 64% of first year students indicated the need for counselling regarding adapting at an ODL institution. The breakdown of age indicates that of the 64% of students who indicated that they need support regarding adapting in studying through an ODL institution, 29% were between the ages of 17-21 years old, 36% were between the ages of 22-27 years, and lastly 21% were between the ages of 28-50 years old. Students’ inability to find their feet at an ODL institution might have far reaching implications. Therefore, strategic measures developed to ensure student retention and success should be approached from different angles and knowing student counselling needs could possibly provide fresh insight for redefining and implementation of such measures. Although there are no studies which confirm the present finding, van Schoor and Mill (1998) stated that Unisa has a heterogeneous student population, not only in terms of race, socioeconomic status, geographic and ethnic diversity, but also in terms of talents, abilities and career preparation. They also emphasised that many students study under difficult circumstances in the sense that some are full-time employees who study part-time. Others are unemployed, full-time students who are largely under prepared for the demands of higher education in general, and distance education in particular. As a result these could be some of the reasons why they struggle to find their feet in an open distance learning institution.

According to Keller (1999), higher education enhances student’s development on three levels, namely ‘as people, as learners and in relation to a specific future position in the world of work’. In the present study, 69% of the students indicated that they would like to know career opportunities related to the course they are studying. This signals that these first year students are concerned about career opportunities related to the programmes for which they are enrolled. Apart from the results that show that students indicated that they need support regarding adapting to ODL system and they want to know about further career opportunities, the results also show that 70% of males and 53% of female students need support about how they can improve their study skills. This is a crucial aspect given that ineffective studying skills may not only have a negative impact on the students, but it might contribute to high failure rate and dropouts in particular. Gettinger and Seibert (2002) stated that student with low academic achievement demonstrated ineffective study skills and were unaware that they must extend effort to beyond simply reading the content to understand and retain it. This is in contrary to Potter (1998) who found that have already receive assistance with concerns relating to employment issues. This could imply that their counselling services are structured in a manner that corresponds to students’ needs.
Given that the study was conducted towards the end of the 2012 academic year, there is a greater possibility that the sampled first year students were concerned with imminent examinations. This is evidenced by 56% of student who indicated the need to know how to prepare for the examination. First year students between the age of 28 and 40 years were more concerned about the career opportunities related to the course for which they are enrolled with a 70% score. As more than 60% of students from the both the colleges indicated the need to know about further study opportunities related to their career. This signals that first year students are keen to further their studies in the future, but there is a level of uncertainty about postgraduate programmes available for them. Furthermore, 64% of male students reported the need to be assisted in compiling a portfolio compared to 50% females. Preparing for the interview was noted as an important aspect in first year students. There was no significant difference between 17-21 and 22-18 students’ age groups, as both groups scored above 60% on the item requiring them to indicate their need regarding preparation for a job interview. The majority of students seemed to be concerned about how they can effectively deal with examination failure. The findings show that 59% of the older group (28-40 years) needed more help on how to deal with exam failure in comparison to 46% of the other age groups that had no significant difference on this item. Despite students’ highly ranked concerns which indicates the higher level relevance to students, the mean scores of students on the lower ranked items shows that the those counselling needs were of less importance.
to them. However, students differ in their responses, particularly with regard to age groups. On an item measuring the extent to which students need support regarding their sexual orientation, 45% of students do seem to require support with sexual orientation. When zooming in to the findings, it appeared that 23% of students between the ages of 28 and 40% considered it important to receive support on their sexual orientation while 23% were uncertain as to whether they need help or not. In a study by Nicholas (2002), the majority of students preferred to group counselling when experiencing sexual identity concerns. While students between the ages of 28-40 years were more concerned about their sexual identity, 32% of students between the ages of 17-21 years seemed to be more concerned about learning how to accept other people. In addition, the findings depict that learning to accept themselves is a major concern for students between the ages of 28-40 years.

**LIMITATIONS OF THE STUDY AND RECOMMENDATIONS FOR FUTURE STUDIES**

In the course of the study, some limitations on some aspects of this study have been identified. First, the questionnaire used was not pilot tested and therefore, problematic items were not identified in advance. Secondly, the sample size was not representative of all first year students but from only two colleges and this poses a threat to the possibility of generalising the findings to other first year students. However, the response rate 60% was fairly substantial. Lastly, students were not equally represented in terms of age. It is envisaged that future research studies on the topic in question could be more effective if the limitations identified above could be adequately addressed. Recommendations for future studies in brief, should have a large sample size, pilot test the questionnaire, identify problematic items, and assess it for validity and reliability before administering it. In addition, review of the constructs is recommended as some have only few items, the lowest being two. Reviewing constructs might help in understanding student counselling needs and enhance modification of the existing support structure as a means to encapsulate the broader concerns identified by students.

**CONCLUSION**

The present study focused more on non-cognitive variables which do not feature in the admission of first time students but are equally important as cognitive variable. Concerns that have been identified by students should be considered as representing the counselling needs which are most important to students and should be deemed as elements that are necessary to enhance students’ success and wellbeing in an ODL institution.
Note* the student researcher would like to extend gratitude to Leza Deyzel from the Directorate of Counselling and Career Development (DCCD) for her assistance throughout the study.

BIOGRAPHICAL NOTE

Sfiso Emmanuel Mabizela is awaiting the results of his Masters in Psychology (with specialisation in Research Consultation). As a developing researcher, he has acquired a sound knowledge of utilising both qualitative and quantitative research approaches. His fields of interest include, but not limited to programme monitoring and evaluating, employee wellness, social research, health and HIV/AIDS programmes, as well as student support structures. He is currently a Research Intern at Wits University.

REFERENCES


Transforming psychology: English language in practice

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ABSTRACT
This article explores transformation challenges in postgraduate psychology in the Clinical Masters programme at the University of the Witwatersrand. Although black students form the majority of students in the undergraduate psychology degree programme, this trend is reversed in postgraduate programmes throughout the psychology department, where white students form the bulk of the class and black students make up only a small percentage of the numbers. The research aims to offer a clear and coherent analysis of the underlying inequalities that underpin the racial unevenness between undergraduate and postgraduate psychology classes, while at the same time interrogating the very notions that serve to reproduce this uneven terrain. The research is conducted using both psychology lecturers, and students in undergraduate and postgraduate psychology programs at Wits, and is made up of a sample of twelve in-depth interviews from postgraduate students, undergraduate students and lecturers. These have been analyzed qualitatively, using a Thematic Discourse Analysis. Findings centre on the pivotal role that language plays in the subject of racial transformation, both as an indicator of socioeconomic status and as a barrier to the psychology profession. Language is explored for its ideologically bound nature and the ways that this manifests both demographically and institutionally in the University of the Witwatersrand.

Keywords: Discourse analysis; language; psychology; socioeconomic status; transformation; Westernized

TRANSFORMATION AND PSYCHOLOGY
The Department of Psychology at the University of the Witwatersrand (Wits) offers a comprehensive psychology course that includes both undergraduate and
postgraduate studies. The postgraduate studies are divided into an Honours course that includes all psychology students, while the Masters class divides students into Clinical, Community Counselling, Research, and Educational psychology courses. Black students are adequately represented in undergraduate classes, comprising approximately 75% of the student body. However, in postgraduate courses this trend is reversed and black students make up between 10% – 40% of the student population, with the number of black students lowest in Clinical psychology (Wits Administration Office, personal communication, September 2013). New legislation compels the university to increase representivity of all racial groups in the postgraduate psychology programmes, with the view to improving racial transformation in the academic setting. Thus, this research study seeks to understand the barriers that prevent access to the Clinical psychology postgraduate course to black students at Wits.

The subject of racial transformation in South Africa is a complex and multifaceted one, referring in this context to a reconfiguration of society in which various racial groups are proportionally represented in the different professional and academic spheres (Badat, 2007). Although a diverse range of literature has been published around the topic, one consistently stressed notion is that of a transformation that is both demographic and ideological (Ahmed & Pillay, 2004; Badat, 2007; Jansen, 2012; Soudien, 2010; Waghid, 2002). What this means is that transformation needs to occur on multiple tiers simultaneously. It must include the demographic approach, which stresses more numbers of previously disadvantaged people being given access to employment and academic studies. At the same time true social transformation requires also the interrogation of the ideological assumptions that perpetuate structural social inequalities. As Soudien (2010, p. 4) suggests:

‘There are basically two main approaches to the [subject of racial transformation]: The first sees transformation as a demographic intervention around the imbalances of race, class, gender, language while the second approach argues that [true racial transformation] is about the nature of privilege and power both positions are crucial and need to be seen as informing each other.’

Soudien therefore stresses the need for an interrelated and holistic approach to transforming South African society into a non-racialized space of equal opportunities.

A Westernised Discipline

Ahmed and Pillay (2004, p. 631), citing Seedat (1997) and Stevens (2001), suggest that the ‘criticism has been raised that psychology is a white, middle-class, Euro-American, ethnocentric endeavour and that it represents the worldview of the Coloniser’. This orientation to psychology as Westernised is supported empirically in the data (see excerpts from data analysis section), where it is conflated with socioeconomic status (SES), skin colour, class, money, language and culture. SES may be defined as a person’s class or social status based on his or her income,
occupation and educational level. However, it may also include indicators such as race, age, geographic location, language and ethnicity (Ahmed & Pillay, 2004; Soudien, 2010; Waghid, 2002). Evidence for this is also found in the data below where these (or similar) words or constructs have been used interchangeably by participants (see excerpts below). Due to the Westernised status of the discipline of psychology, and resulting perceptions of the profession as belonging to people of a higher social class, black people from advantaged backgrounds might be considered Western enough (with regard to their geographic location, language and culture) to gain access to the postgraduate psychology programme at Wits, while ostensibly white people from poor homes and a weak fluency in English would not (Jansen, 2012; Painter & Terre Blanche, 2004). In the data analysis section, I provide evidence that students in the sample orient to English-language proficiency as a key indicator of SES. This is a crucial element of my argument below that details English-language proficiency as the mechanism by which access is facilitated (or denied) to the Clinical psychology postgraduate programme.

Language and Psychology

The privileging of the English language in psychology is described by the roots of the discipline located in a Westernized tradition (Ahmed & Pillay, 2004; Pillay & Kramers, 2003; Seedat, 2007). However, language in psychology is both an ideological and a pragmatic concern (Muller & Cloete, 1987). Ideologically, language practices are rooted in a colonial historicization of our country which were entrenched during the apartheid regime (Cock, 1980). In addition, the privileging of the English language in psychology encourages an ideological orientation to the discipline as Western. Language has been used as a tool of oppression both in the production of privileged forms of knowledge as well as through other discursive practices (Burman & Parker, 1993). Today, in post-Apartheid South Africa, English-language proficiency is often the basis for excluding those from lower socioeconomic classes (Pillay & Kramers, 2003). Such exclusion is problematic in psychology for two reasons: firstly, it constrains selection to a small applicant pool of diverse students; secondly, it perpetuates a discipline that trains for and serves a particular clientele, which affect the delivery of psychological services to our population (Painter & Terre Blanche, 2004; Pillay & Kramers, 2003). Since the majority of clinical psychology graduates cannot speak the African languages which are the first language of the majority of the population, this imbalance does create pragmatic concerns and is detrimental to the availability of health-care in our country, where a significant majority of our population has little or no access to mental-health-care facilities. This inaccessibility of psychological services on a large-scale further reinforces its exclusivity to a Westernised population, creating a cycle of ideological underpinnings and real-life consequences to which it is near impossible to gain entry (Painter & Terre Blanche, 2004).
Language is an enormous obstacle in gaining access to Masters in Clinical Psychology, predominantly due to verbal fluency as a criterion for selection, a challenge for those for whom English is not a first language. Waghid (2002) suggests that one of the hallmarks of a racially divided society is uneven access to higher education (see also Jansen, 2012, and Soudien, 2010). Although substantial gains have been made in terms of formal access where policies are in place that promote equal access to education, the question of epistemological access remains problematic and suggests that perhaps an apartheid legacy of uneven access permeates our present institutions by indirect means, such as SES, language or financial standing. As Ahmed and Pillay (2004, p. 639) suggest:

‘One of the major issues is that historical disadvantage precedes selection processes and this may play a crucial role in why so few [students] apply and why of those who do apply, only some are deemed “suitable.” Our attempts at equity and redress fall far short therefore, if we confine our explanations to the implicit assumption that equality of opportunity exists in the post-apartheid period.’

Ahmed and Pillay (2004), in a study on the plight of clinical psychology in South Africa today, have suggested that there is an enormous need in our country for psychologists who are fluent in African languages (see also Painter & Terre Blanche, 2004; Pillay & Kramers, 2003; Soudien, 2010). Statistics indicate that 78% of our population is black but, more importantly, just under half of these (46.3%) live in non-urban areas (Statistics SA, 2013). It seems fair to assume that a proportion of this population might prefer access to psychological services in African languages – however these statistics are at odds with the fact that the majority of registered psychologists are white and treat their patients in English or Afrikaans (Painter & Terre Blanche, 2004). This indicates a deep chasm between the needs of the country and the practices of many higher education institutions, suggesting that the privileging of English language must be revisited in order to ensure that psychological services are available to all citizens in their language of choice, and not merely to an urbanized, upper-middle class minority (Painter & Terre Blanche, 2004). In this regard, universities are accountable not only to their students but also to the larger population which they aim to serve (Jansen, 2012; Moletsane, 2002). Producing professionally competent individuals who are unable to engage with the needs of their population is at best of limited value and at worst perpetuates ideologies of inequality and discrimination (Ahmed & Pillay, 2004; Jansen, 2012; Moletsane, 2002). As Soudien (2010, p. 16) suggests, multilingualism, the ability to speak multiple languages, is a key factor in promoting inclusion and access in psychology as well as a way to serve ‘the whole population and not only segments of it.’ A brief look at our demographics suggest that practicing psychology in languages other than English is absolutely crucial in ensuring fair access to all citizens (Pillay & Kramers, 2003). For the purposes of this research report, language is thus conceptualized as both underpinning the inequality that presents at postgraduate psychology level, and
contributing to the inadequate supply of African psychologists available to treat our population today.

**Staff Representivity**

The selection of students who are fluent in African languages is ultimately dependent on a selection panel that will understand them. As Jansen (2012, p. 4) puts it, “transformation, from demography to admissions to lecturing staff, must be addressed” – a point emphasized by Soudien (2010) with his suggestion that staff representivity is a crucial element in transforming an institutional climate, since currently students are taught largely by a staff body that does not share their language, culture or history (Moletsane, 2002; Waghid, 2002). Although a representative staff body will not guarantee transformation within a discipline, it will certainly go a long way in encouraging it (Muller & Cloete, 1987). However, one of the difficulties inherent in attaining a representative panel in this case is the fact that there are presently insufficient numbers of black lecturers in the Wits psychology department. This makes an impact on two levels: the first, that selection processes are more difficult for black students facing a predominantly white panel; the second, that the lack of black psychologists tends to reinforce the discipline as a white one. Both of these factors contribute to the tight structure of privilege and access so difficult to penetrate in the Clinical MA programme.

**METHODOLOGY**

**Sample and method**

For my report, I have chosen to focus on the Masters in Clinical Psychology (Coursework and Research Report) since my data evidenced that this degree was the one that most interviewees oriented themselves to in our discussions, and the one that seems to be the most widely used in terms of stereotyping psychology as a discipline:

...that discourse of Clinical psychology is strong so strong

*Lecturer 1*

The final sample includes 12 in-depth interviews with lecturers from the psychology department, as well as with psychology students in both undergraduate and Clinical psychology postgraduate programmes. All undergraduate participants are black, and their year of study is indicated after their name when any excerpts are quoted in this research from their interview. Postgraduate students included both black and white Clinical Masters students at Wits, and their race is indicated in any excerpts used from their interview data. Academic staff (lecturers) is both black and white, but their race
is not indicated in the research report for purposes of anonymity, and their interview data is indicated using their participant number only. Interviews were conducted in a confidential setting and included the researcher and the interviewee. The interview followed a semi-structured approach that included six open-ended questions but also allowed room for interviewees to express their own thoughts and opinions on the topic of transformation in the psychology department. All participants signed an informed consent form and were told they could terminate their participation at any point with no negative results. The ethical guidelines of confidentiality and anonymity are preserved in the final report (Wassenaar, 2006).

I have analysed the data on two levels simultaneously, and have presented my final analysis as such. This analysis can be termed a Thematic Discourse Analysis. The first level of analysis is content-related and is concerned with the identification of themes oriented to in the interviews. These themes loosely structure the analysis. However simultaneously analysis occurs on a more critically discursive level, where the words, sentences, beliefs of the interviewees are not presented in an absolute manner but are rather probed for their underlying assumptions (Burman & Parker, 1993).

Analysis

An originary insight that I gained from interviews with students was that the black students that did get accepted to the degree were “advantaged” black students (students of high SES), suggesting that discriminatory practices may be more class-oriented than race-oriented. Evidence for this was borne out in these interviews, where it emerged that a classist element to underrepresentation was oriented to by participants and contained a multiplicity of factors in its construction, so that references were made to money, language, geographic location and race, and all of these were generally used to refer to an individual’s SES. Nevertheless, this study’s focus is on the role of language in facilitating entry to a Westernised discipline and thus my data analysis focuses on the discursive and thematic discussions of language that appear in the data set.

A Westernised Discipline

The first step in identifying class-based differentiations in the data must be grounded in empirical evidence of perceptions of psychology as a Western or white profession. The following excerpts were taken from interviews from five students in first year all the way to Masters level psychology, and suggest that there is a strong identification of psychology as a racially exclusive profession.

... if we look back, psychology has been a Western thing
I think there’s that perception that you’re just not gonna get in there’s still people who feel like, no, that’s a white thing, that’s for the white people
... traditionally psychology is seen as a white person’s degree, and not even degree, a white person’s profession um its only very recently that that black people kind of like um more open to the whole idea of psychology and psychologists

[Masters’ student, black]

But then in psychology, people will consider it mainly White people

[Third year 1]

... imagine when you imagine a psychologist most of the time you imagine a white person. Ya

[First year 2]

**Socioeconomic Re-Imaginings**

After establishing the construction of psychology as a white person’s profession, the next phase of the analysis involves looking at the ways that entrance to the profession is gained. Crucial to an analysis is the establishment of the interchangeability of the terms of ‘whiteness’, ‘Westernized’, ‘high socioeconomic standing’, ‘advantaged’; on the one hand; and ‘poor’, ‘disadvantaged’, ‘black’, ‘townships’, as strongly evidenced by the data, in which both black and white participants orient to these distinctions matter-of-factly as unassailable truths. The following excerpts suggest ways that whiteness and the access to the discipline that it bestows are accomplished. Some of the sharp parallels drawn upon in the data are supported in the literature review (see above).

you do have to be of a higher socioeconomic status I think, definitely everyone in my class is, not everyone is wealthy but um no I don’t think anyone is like you know at the poverty line at all um and I think practically you have to be because it’s a really expensive year it is possible that people are disadvantaged purely because they don’t have the finances or or you know – I don’t wanna say they didn’t have the right upbringing because that’s any – any degree if you just don’t kind of meet the criteria then you don’t meet the criteria

[Masters’ student, white]

In these two excerpts, studying a Masters in psychology is described as requiring a ‘higher socioeconomic status’, then defined as a type of middle-class status, as well as being linked to a specific type of upbringing. It is important to note that ‘disadvantaged’ people are described as not having the ‘finances’. These two instances reiterate the interchangeability of the concepts used.
... especially to historically white universities that you know they’re not gonna take you, you know, they would rather have a white person rather than a black person

Ya, it’s almost as if someone that I knew from Limpopo who was not as advantaged as I have been who had come to the interview, first of all they would have struggled with the language they would have struggled with even a lot of things and I think because of that you right I agree with that, that more advantaged black people make it and that’s a problem (laughs)

[Masters’ student, black]

It’s almost as if you need to afford to take the risk

[Masters’ student, black]

Being able to ‘afford to take the risk’ is another orientation to high SES, which suggests that it is not just money required, but a certain ability to gamble with one’s money, implying a certain type of luxury.

...they did grow up in townships but they do have like a really good grasp of you know the English language and they’ve always had um you know all of them have travelled and so it definitely is a higher socioeconomic standing

[Masters student, white]

This excerpt equates higher SES with English language proficiency, while drawing a contrast between the “township” and English language proficiency; another example of the interchangeability of the concepts (poor – township - uneducated – poor language fluency; high SES – travelling – wealth – English language proficiency)

I grew up in an era where if you could speak English then you were like part of the higher culture and even your friends you know you get people who really respect you that much because you can speak English

because there is some sort of mockery if you can’t pronounce some words in a certain way or you can’t speak a certain way

[First year 1]

There is a strong orientation to English language proficiency as a thread running through much of the data, suggesting that an ability to speak English ‘like a white person’ increases one’s perceived SES by including one in the ‘higher culture’. This is a key point in my analysis and forms the central argument for English-language proficiency as a crucial mechanism by which students are accepted into the Clinical Masters programme.
you’ll find that black person and speaks English and who is referred to as a coconut and you probably know they don’t really see colour; they identify more with white people than they do with us, probably because they speak more English

[First year 1]

Language and privilege

High SES is thus a complexity of constructs, such as wealth, upbringing, white culture, and English language proficiency. Going further into analysis, this link between SES and language is borne out in selection processes, where a crucial element of the selection process is a verbal presentation to a panel of lecturers and psychologists, a daunting task for anyone, but exacerbated for those for whom English is not a first language. Inevitably, students with a poor grasp of the language do not make it through (as evidenced by data in lecturer interviews). Furthering an understanding of the transformation problem requires us to delve into the ideological underpinnings of English as the uncontested medium of instruction and treatment in psychology:

*Psychology has its own language, and it’s English. (laughs) and that’s hard*

[Masters’ student, black]

This insight suggests that the discipline itself is constructed in such a way that its English-ness is intrinsic to it, a factor which explains the largely unquestioned link between English and psychology evidenced by both lecturers and students in the data:

*...doing psychology work in another language but you do also have to be conversant with English*

[Lecturer 5]

*I think there probably is a disadvantage because it is reliant on language*

[Lecturer 2]

This last comment by a lecturer on the selection panel indicates the taken-for-granted assumption that English is a critical factor in gaining entrance to the course. This particular point reinforces the central argument regarding verbal English-language proficiency and its role in the selection process.
so if it is possible for someone somewhere who’s god-sent who can come and um give us words to use for psychology ... so I think it would be helpful just to get the basics if not the big words the Freudian terms even the smallest words

[Masters’ student, black]

This piece of data indicates that the study of psychology in English is an impediment to many psychologists who would like to practice in rural communities or with a non-English-speaking clientele. As one Masters student put it,

one of the things that I’ve always wanted to do is to go back to the rural areas and base psychology to take – to bring psychology back home

[Masters’ student, black]

This comment suggests that there is a market for psychological services in non-urban and non-English-speaking areas, and that this market is suffering for the fact that psychology is taught in English. The following excerpt might give us insight into why this is so, since it indicates that this student views the clinical population as largely white and thus it is suitable that training should be offered in English. According to a white Masters student:

I suppose if the majority of the clinical population is white

[Masters’ student, white]

This suggests that perhaps the program has not adjusted suitably to the reality of the population that requires psychological services; it has so long been constructed as something available or desirable to the upper classes, that at great cost to our population we have not yet modified this perception. Even when this Masters student was challenged about her previous assumption, and was asked about how she would navigate a career that would serve a predominantly black population as its clientele, she answered:

I: Do you have any ideas how you’ll cope with it?
S: In all honesty I haven’t thought that far
I: Do you think that when you – when you like see yourself in the future you see yourself like do you see yourself mainly with like a white clientele?
S: Ya

[Masters’ student, white]
In the face of the above evidence, it seems that the discipline has not adequately reshaped its parameters to suit the needs of the country it serves. Some of its modes of instruction may thus be outdated and inefficient and may require some rethinking. This insight links to an earlier question mentioned in the introduction to the report that seeks to interrogate the underpinning of English-language privileging to the discipline. It seems plausible that these strong links would extend beyond the practical domain and perhaps into the ideological, so that transformation cannot lie in pragmatic solutions alone and must be constantly supported by deeper structural changes. Evidence that psychology has its ideological underpinning in a specifically Western philosophical framework, as supported in the literature review as well as in the following assertion by a lecturer and panelist in the university:

*Psychology had very much its roots in philosophy science you know at certain point in Europeans history but I suppose you know I don’t think I know enough*

[Lecturer 3]

This indicates that the practice of continuing to teach psychology in English is not arbitrary but is rather seen as intrinsic to the nature of psychology itself, which is why practices that may improve the practicality and efficiency of service delivery have not been introduced. It is important at this point to garner evidence for the suggestion that this English-language bias in the verbal component of the course has implications beyond service delivery, but rather for access to the program itself. Data from interviews with lecturers certainly seems to support the view that low English-language proficiency is detrimental to one’s chances of getting into the program.

*It’s much more about the issue of language that students are not admitted on the basis of the presentation that they fail to present themselves they fail to engage eh with a particular topic eh ehm in comparison to their white uhm counterparts and because of thet eh they tend to be given eh low eh ratings ya*

[Lecturer 1]

This evidence empirically supports the assertion that a lack of proficiency in verbal English language may hinder access to the program. Another orientation towards racial profile is supported in further data:

*...and it’s more the white people who are – who are more equipped*

[Masters student, white]
This indicates that white people, due to their perceived higher SES and its attendant conflation with high English-language proficiency, might stand a higher chance of being selected for the program. A psychology lecturer emphasizes this point with the following excerpt:

*Those who come from model c’s uhm private schools they are well prepared for such eh debates such discussions they feel free to interact in- in those eh uhm you know spheres you know whereas those from eh disadvantaged backgrounds struggle to express themselves in-in such a situation*

[Lecturer 1]

This comment orients to quality of education to connote a similar conception of SES. Based on previous evidence that suggests the interchangeability of such terms, it may be assumed that both these references, to race and to education, connote a certain SES constructed in various ways by various participants.

*...you’re being interviewed in English for goodness sake you know, they ask you, tell us why you want to study psychology, you may say it beautifully in your own language, but having to now think about saying it in the right way, in an English way, in a way that they will get it, it’s just its a whole lot of pressure*

[Masters’ student, black]

This student orients to both the difficulty of verbal presentation in English language, in a pressurized situation, as well as an orientation to a ‘they’ (presumably the panel) that has to ‘get it’. In the data offered, it seems that the onus of the presentation being ‘gotten’ is on the part of the candidate, and not the selection panel. There may be room to question the implied power that a selection panel holds in this process and the ways that orientations to this power by the candidates affect the types of presentations that are given.

*...doing psychology work in another language but you do also have to be conversant with English*

[Lecturer 5]

**The Panel**

The data thus far suggests a strong orientation to the need for high English-language proficiency, owing in part to a selection panel made up of largely English-speaking lecturers. Thus, a closer look at the selection panel itself is required. The data shows that there may be some conflicting perceptions of the panel, with students registering a certain homogeneity in the committee, and lecturers or panelists perceiving it as diverse.
Most of them [selection panel] were white. The black people that were there were people that were coming from the hospitals like um the representatives from the hospitals that Wits has a – Bara and all your other hospitals that were there for the selections, those were the black people, and I think most of ya – really, there were not a lot of black people even in the interview

[Masters’ student, black]

And you can also ask yourself, who’s sitting on the board of people who select, who’s making the decisions ... you know so I think it depends who sits in the position of power and who decides...

[First year 1]

These two excerpts from both undergraduate and Masters’ students show that the selection panel is seen as a powerful group of individuals, who are made up of mainly white academic staff. However, the following excerpts from lecturers indicate a contradictory perception of the panel as made up of diverse academic staff:

I: So they’ve got a broad number of people from various backgrounds doing the selection process?

R: So ja, ja so you have people who are specifically academic who are involved in the academic and and skills training and skills training and you have people also from the internship or practical institutions

...

I: Do they have an equal say as the academic staff or?

R: Ja

I: Alright so it’s quite balanced?

R: Ja its quite balanced

[Lecturer 3]

...uhm because the selection team itself is diverse and the selection we’ve all been through selections ourselves uhm and it’s- it’s really important for all of us that we’re fair uhm

[Lecturer 5]

This data supports evidence that students may see the panel as quite homogeneous in its makeup, whereas the panellists perceive the panel as diverse and balanced.
Summary

The argument presented above, both in the literature and the empirical data, follows the construction of psychology as a Western discipline and asserts the interchangeability of racial and socioeconomic language used by evidencing the ways that SES and race are constructed by the participants. Empirical evidence suggests that there are different ways to construct SES, including referring to SES in terms of race, ability to take risks with money, the luxury of studying for a long time, and the ability to speak English like a white person. The data then posits a certain privileging of a certain type of individual in the program, and provides evidence for the position that people of high SES are those privileged during the Masters Clinical selection process. This discussion leads seamlessly into the topic of language as a means for privileging the Westernised population, and suggests that English is ideologically linked to the discipline of psychology, an assumption that remains largely un-interrogated despite its obvious impracticality in our context (Waghid, 2002). The privileging of English-language proficiency during selections is noted as a particular disadvantage to those for whom it is not a first language, and a possible need to include this distinction in future policy-relevant recommendations. My focus is on language as a barrier both ideologically and pragmatically in the discipline. One of the most prominent disadvantages of this barrier is that the type of individuals allowed into the program are in a sense quite homogeneous, resulting in students of similar SES and social class being granted entry into the program. Thus, the first and most crucial step on the long journey to meaningfully implemented transformation entails the difficult task of exposing deep-rooted questions about psychology, questions that this analysis has brought into the open, yet that seem to be festering just below the surface. In addition, true transformation of the discipline requires the rigorous implementation of pragmatic changes that will transform both the nature and the demographic structure of clinical psychology in the country.

BIOGRAPHICAL NOTE

Daniella Rafaely is a PhD student in the Faculty of Humanities at the University of the Witwatersrand. Her research interests lie in the field of critical psychology and sociology, with a focus on rigorous empirical analysis in a range of discursive methodologies. Her research focuses on childhood as an historical construct and traces the ways that it is discursively produced and deployed in social settings, and the methods by which morality is reproduced as a social institution in daily interaction.
REFERENCES


Factors predicting mental well-being among the South African working age population

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ABSTRACT
An individual’s mental well-being is the base on which all the other quality factors of life could be influenced. Examining the association of socio-economic and demographic variables with mental health conditions provides an initial approach to understanding contributors to the prevalence of mental health conditions among the general South African working age population (i.e. men and women aged 15 to 64 years). This study accordingly looks at the socio-economic and demographic profile of mental illnesses among the South African working age population by ascertaining factors predicting mental well-being. Using weighted, secondary survey data from Statistics South Africa’s General Household Survey (GHS), the results show that employment status accounts for the biggest contributor to mental well-being among the working age population. The risk of persons likely to report themselves to be suffering from both single and multiple types of mental illnesses relative to no mental illnesses for persons who were not employed was also found to be higher than for those who were employed. Other socio-demographic contributors to mental well-being include gender, population group, age and education.

Keywords: demographic variables; labour force participation; mental well-being; mental health; mental illnesses; socio-economic variables; working age population.

An individual’s mental well-being is the base on which all the other quality factors of life could be influenced (Sawatzky, 2007). It is unlikely that an individual who suffers from poor mental well-being would enjoy other aspects of life such as family life, social life, financial success and general productivity (Goldsmith, Veum, & Darity,
One of the most important characteristics of the working age population is its ability to participate in the labour force. The International Labour Organization [ILO] (1982) defines the labour force as comprising of all persons aged 15 to 64 years who are employed as well as all persons who are unemployed. This is important because labour force participation is critical to the economic growth of a country, particularly a developing one such South Africa (Goldsmith et al., 1996). Low levels of labour force participation have been linked to poor mental well-being among persons who are not employed (Goldsmith et al., 1996; Taris, 2002). Statistical evidence provided by social psychologists suggests that the effects of unemployment can manifest as ‘helplessness’ among those affected (Goldsmith et al., 1996; Taris, 2002). Feelings of helplessness have been known to impair motivation, hamper learning and generate undesired emotional consequences, all of which are expected to reduce personal productivity (Goldsmith et al., 1996; Taris, 2002). Goldsmith et al. (1996) argue that if a substantial number of people experience spells of unemployment, these individually-based productivity and attachment affects are likely to manifest themselves in observable impacts upon aggregate labour supply and demand. In South Africa, a country that is characterised by poverty as well as high and increasing levels of unemployment (StatsSA, 2008a), the importance of good mental health among the working age population therefore becomes extremely essential. Accordingly, the purpose of this study is to examine the impact of socio-economic and demographic variables on mental well-being. This evaluation is critical in isolating added factors that could influence mental well-being among the population under study.

LITERATURE REVIEW

Mental well-being

Mental illnesses are common and cause a social burden in most countries (Araya, Rojas, Fritsch, Acuna, & Lewis, 2001). According to the World Health Organisation [WHO] (2001), approximately 6.2 million people in the world suffer from some kind of mental illness, 10.8% (668,000) of these individuals live in the sub-Saharan Africa. Depression is estimated to be present in about 31% of all those seeking care at primary health care facilities worldwide, 21.6% in the sub-Saharan Africa (WHO, 2001). Mental illnesses are diseases that affect cognition, emotion, and behavioral control and can substantially impair individuals’ functioning within their families as well as in the broader society (Hyman, 2006). In psychology literature, mental well-being (also referred to as psychological well-being) is defined as a contented state of being psychologically healthy (Wright, Cropanzano, Douglas, Bonett, & Diamond, 2009). This state of well-being is characterised by the relative presence of positive emotions and the relative absence of negative emotions (Maluka, 2004; Wright et al., 2009). Psychologically well individuals are those who optimally balance their
negative feelings with more positive feelings (Wright et al., 2009). In contrast, poor mental well-being has been associated with mental illnesses (Ryff et al., 2006).

**Measuring mental health**

*Mental health indicators*

This section sets out the background and the rationale for the selection of indicators that are used to measure mental health in this study. The current study uses three self-reported mental health indicators as measured by the General Household Survey (GHS) and selected from the (American Psychiatric Association’s [APA], 1994) Diagnostic and statistical manual of mental disorders (DSM-IV) and (World Health Organisation’s [WHO], 1992) International Classification of Diseases (ICD-10), namely: depression, alcohol and drug abuse as well as a group of mental health disorders classified as behavioural problems associated with psychological disturbances and physical factors. Behavioural problems, associated with psychological disturbances and physical factors in this study, include eating and sleeping disorders, sexual dysfunction and the abuse of dependence-producing substances (ICD-10).

In this study, self-reported poor mental health is defined as the proportion of men and women of working age (i.e. aged 15 to 64 years) who perceive themselves to be suffering from either one of the mental illnesses indicated above. Although instruments such as the Composite International Diagnostic Interview (CIDI 3.0) and the General Health Questionnaire (GHQ) have been widely used to generate clinical mental health diagnostics (Bijl, Ravelli, & van Zessen, 1998; Kessler et al., 1998; Stein et al., 2008), the use of self-reported mental illnesses as a measure of prevalence of mental illnesses within individuals is not only accepted but common and has been used in various studies (Myer, Seedat, Stein, Moomal, & Williams, 2009).

**Systems and theories influencing mental health**

Systems such as poverty and unemployment have been found to have both direct and indirect effects on the social, mental and physical well-being of an individual. For example, Wilkinson (1996) found that there were several obstacles, deficits and threats to health that were inherent in poverty. Wilkinson (1996) argued that the poor are exposed to dangerous environments and that they lack necessities, information and support. One of the most popular studies conducted on the effects of unemployment on mental health subject is by Moller (2001), who researched the quality of life of black unemployed South Africans residing in urban areas from a social-psychological perspective. The overall conclusion in Moller’s (2001) study was that unemployment was significantly associated with higher rates of financial and psychological deprivation.
Theories explaining poverty and health outcomes include the Artefact theory by Townsend, Davidson, and Whithead (1992), which suggests that both class and health are artificial variables, and that the relationship between them may itself be an artefact. It is believed that the failure to reduce the gap between classes has been counterbalanced by the shrinkage in the relative size of the lower socio-economic classes themselves. Built on Charles Darwin’s (1859) work, the Natural Selection theory on the other hand suggests that a higher social class has the lowest rate of premature mortality because it is made up of the strongest and most robust men and women in the population, and that the lower social class has the weakest people. The Materialist theory emphasises the role of economic impact and associated socio-structural factors in the distribution of health (Shaw, 2004), while Behavioural theories suggest that cultural or behavioural explanations of the distribution of health propose that unequal distribution in modern industrial society is the result of reckless lifestyles, wherein people harm themselves or their children by their excessive consumption of harmful commodities, and by their underutilisation of preventive health care (Lewis, 1967).

Other socio-demographic factors
Mental well-being may also be affected by a wide range of factors different among individuals. For example, gender, marital status, age, and education have been known to impact mental health in different ways (Afifi, 2007; Gollust, Lantz, & Ubel, 2010; Kessler et al., 2009; Patel, Flisher, Nikapota, & Malhotra, 2008). For example, women have been prone to suffer from depressive and anxiety disorders while men are most likely to suffer from substance abuse (Afifi, 2007; Williams et al., 2008), while the effect of marital status on health is generally assumed to be mediated by psychosocial factors, material circumstances and health-related behaviours (Schafer, Quesenberry & Wi, 1995).

METHODOLOGY
Study design
The relationship between mental well-being and socio-economic and demographic factors was investigated using a cohort group in which the mental health of persons, aged between 15 and 64 years, were followed over a five year period, concentrating on three points between 2004 and 2008 (i.e. 2004, 2006, and 2008).

In general, cohort analysis attempts to identify cohort effects: Are changes in the independent variable (mental health problems in this example) present because the sample members belongs to the same cohort (employed vs. not employed)? Furthermore, because cohorts measure events in chronological order, they can be used to establish a relationship between two or more variables. The benefit of
conducting a longitudinal study that uses a cohort over time is that, unlike panel studies (where the same individuals are studied over time), different members of the cohort may be studied at each time point. Using cohort analysis in the present study was therefore the preferred method of analysis because of its high flexibility, including the fact that it can be used with either original data or secondary data (Adams et al., 2007; Pai et al., 2004).

**Data sources**

The results in this study are presented using weighted secondary survey data from Statistics South Africa’s General Household Survey (GHS). The sampling weights for the data collected from the sampled households are constructed so that the responses could be properly expanded to represent the entire civilian population of South Africa. The weights are the result of calculations involving several factors, including original selection probabilities, adjustment for non-response, and benchmarking to known population estimates from the Demographic division of Statistics South Africa (Stats SA) (Stats SA, 2008c). All GHS datasets are in the public domain and are available on the website of Statistics South Africa (www.statssa.co.za). The GHS is well suited for such an investigation since it contains detailed information on the personal characteristics of individuals in the sample, as well as their labour force status.

**Data reliability**

The GHS sample comprises approximately 30,000 households, sampled on a statistically representative basis across nine provinces and 53 District Councils within provinces throughout South Africa (Stats SA, 2008b). On average, a final GHS dataset would typically consist of approximately 94,000 valid person records in that year. GHS results are subject to two types of possible error:

**Sampling error** is a measure of variability that occurs by chance because a sample, rather than the entire population, is surveyed. The magnitude of the sampling error is controlled by the size of the sample and the use of statistically sound techniques, such as increasing the sampling size, which can directly affect the margin of sampling error that is reported with survey results as well as sampling reconciliation whereby reconciling collected data with the sample to ensure all sample units are accounted for during data collection.

**Non-sampling error** on the other hand, includes errors arising from biases in the patterns of response and non-response, inaccuracies in reporting by respondents, and errors made in processing data.
Data analysis

Data analysis in this part of the study mainly focused on assessing the incidence of self-reported mental illnesses among the South African working age population. Analysis was conducted over a five year period, focusing on the years 2004, 2006 and 2008. Mental health indicators as identified earlier were used to measure mental well-being. Analysis in this section was conducted as follows:

Descriptive and multivariate statistics were used to report the incidence of self-reported mental illnesses among men and women aged 15 to 64 years. Multinomial logistic regression models were conducted to tests for the best predictors of mental illness among the working age population using socio-economic and demographic variables as the independent variables against mental health as the binary dependant variable.

Ethical considerations

Permission to use the data was received from Statistics South Africa’s (Stats SA) executive management on Monday the 2nd of February 2009. Although the study is about mental illnesses among unemployed individuals, no invasive physical procedures were conducted on respondents. Instead, the study relied on self-reported mental health problems and the study therefore measured perceived mental illnesses as reported by individuals under study. In addition, as part of all Stats SA field work training procedures, field workers were trained to accept whatever they were told by the respondents without probing further, especially when dealing with sensitive issues. Lastly, although the final dataset includes respondents’ personal information such as names and physical addresses, this information was only collected for administrative purposes. Any personal information that would make the identification of respondents possible was not reported on so as to ensure respondent anonymity.

Limitations of the study

The first limitation of the study lies in the fact that the study follows a cohort study design. One of the disadvantages in cohort studies is that it is difficult to assess whether associations between cohort and dependent variables derived from the studies are of a causal nature or not (Power & Elliott, 2006). Cohort studies are subject to the influence of factors over which the investigator most often does not have full control. By using longitudinal data, where the same individuals are followed over a period of time, the study would be better suited to further explore the possible differences of mental health status between respondents. The second limitation of the study is that the incidence of mental illnesses was not obtained by clinical diagnosis. Diagnoses were based on self-reported incidences of mental illnesses collected by lay interviewers. Self-diagnosis could lead to very low or high prevalence rates as it depends on how respondents understood terms such as
depression, substance abuse, eating or sleeping disorders. Prevalence could also have depended on how respondents felt emotionally or physically on the day of the interview.

**Strengths of the study**

Despite this limitation, the present study is one of the first studies in the country that uses weighted population survey data to examine factors predicting the likelihood of reporting mental illnesses. The use of weighted survey data allows for greater generalisation than those previously reported in studies that are based on characteristics of confined population groups such as those found in clinics or hospitals. An additional strength of analysis in this study is that it is one of the few investigations employing multinomial logistic regression analysis in predicting mental illness. This technique allowed for distinctive prediction in the likelihood of reporting one type or multiple types of mental illnesses relative to reporting no mental illnesses.

**RESULTS**

**Mental health among the working age population**

This section provides a context on perceived levels of mental health among men and women aged 15 to 64 years (i.e. the working age population) in the country so as to ascertain how it has evolved over time. The analyses provide trends on self-reported mental illnesses by making comparisons over the period 2004 to 2008.

*Prevalence of self-reported mental illnesses among the working age population*

In 2004, 181 thousand (0.6%) of South African men and women of working age reported themselves to be suffering from at least one of the three mental illnesses covered in this study (Table 1). The proportion of persons self-reporting these mental illnesses has been gradually increasing, reaching its highest level of 0.9% (283 thousand) in 2008 (an additional 101,233 thousand individuals since 2004).
Table 1: Presence of mental illness among the working age population

<table>
<thead>
<tr>
<th>Presence of mental illness</th>
<th>2004</th>
<th>2006</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Per cent</td>
<td>Number</td>
</tr>
<tr>
<td>No mental illness</td>
<td>28 640 162</td>
<td>99,4</td>
<td>29 577 928</td>
</tr>
<tr>
<td>At least one mental illness</td>
<td>181 382</td>
<td>0,6</td>
<td>231 646</td>
</tr>
<tr>
<td>Total</td>
<td>28 821 544</td>
<td>100,0</td>
<td>29 809 574</td>
</tr>
</tbody>
</table>

Types of perceived mental illnesses among the working age population

In 2008, among the incidences of reported mental illnesses, the highest proportion self-reported depression (48.6%) followed by behavioural problems associated with psychological disturbances (41.1%) as shown in Figure 1. In 2004, persons suffering from substance abuse accounted for fewer than 5%. Since 2004 however, the proportion of those reporting substance abuse has more than doubled (i.e. from 4.1% in 2004 to 10.3% in 2008), while the proportions of individuals suffering from depression and behavioural problems seems to have declined.

Figure 1: The distribution of mental illnesses among those afflicted

An index of mental illnesses was created to ascertain the extent to which individuals report themselves to be suffering from more than one type of mental illness.
## Table 2: Model 1 - Predicting the likelihood of reporting one type of mental illness relative to no mental illness among the working age population using multinomial logistic regression model (relative risk ratios)

<table>
<thead>
<tr>
<th>Mental health index score = 1</th>
<th>2004</th>
<th>2006</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Female</td>
<td>0.71***</td>
<td>0.70***</td>
<td>0.74***</td>
</tr>
<tr>
<td><strong>Population group</strong></td>
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<td></td>
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</tr>
<tr>
<td>Black</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Coloured</td>
<td>2.35***</td>
<td>0.74***</td>
<td>1.79***</td>
</tr>
<tr>
<td>Indian/Asian</td>
<td>1.32***</td>
<td>0.95**</td>
<td>0.97</td>
</tr>
<tr>
<td>White</td>
<td>0.94***</td>
<td>0.47***</td>
<td>1.29***</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>No schooling</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Less than primary completed</td>
<td>0.93***</td>
<td>0.66***</td>
<td>0.51***</td>
</tr>
<tr>
<td>Primary completed</td>
<td>0.46***</td>
<td>0.40***</td>
<td>0.36***</td>
</tr>
<tr>
<td>Secondary not completed</td>
<td>0.46***</td>
<td>0.32***</td>
<td>0.25***</td>
</tr>
<tr>
<td>Secondary completed</td>
<td>0.32***</td>
<td>0.39***</td>
<td>0.21***</td>
</tr>
<tr>
<td>Tertiary</td>
<td>0.55***</td>
<td>0.43***</td>
<td>0.12***</td>
</tr>
<tr>
<td><strong>Age groups</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-24 yrs</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
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</tr>
<tr>
<td>35-44 yrs</td>
<td>3.64***</td>
<td>2.82***</td>
<td>2.42***</td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>3.89***</td>
<td>3.28***</td>
<td>2.37***</td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>2.77***</td>
<td>2.70***</td>
<td>1.74***</td>
</tr>
<tr>
<td><strong>Province</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Cape</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Eastern Cape</td>
<td>1.07***</td>
<td>0.59***</td>
<td>2.17***</td>
</tr>
<tr>
<td>Northern Cape</td>
<td>0.78***</td>
<td>0.59***</td>
<td>1.67***</td>
</tr>
<tr>
<td>Free State</td>
<td>0.95***</td>
<td>0.57***</td>
<td>2.22***</td>
</tr>
<tr>
<td>KwaZulu-Natal</td>
<td>0.65***</td>
<td>0.44***</td>
<td>1.58***</td>
</tr>
<tr>
<td>North West</td>
<td>0.97*</td>
<td>0.52***</td>
<td>2.42***</td>
</tr>
<tr>
<td>Gauteng</td>
<td>0.57***</td>
<td>0.25***</td>
<td>2.24***</td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>1.01</td>
<td>0.43***</td>
<td>2.55***</td>
</tr>
<tr>
<td>Limpopo</td>
<td>0.81***</td>
<td>0.28***</td>
<td>1.27***</td>
</tr>
<tr>
<td>Employment status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Not employed</td>
<td>4.20***</td>
<td>2.76***</td>
<td>2.72***</td>
</tr>
<tr>
<td><strong>household</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No employed person in the household</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>household</td>
<td>0.76***</td>
<td>0.75***</td>
<td>0.93***</td>
</tr>
<tr>
<td>household</td>
<td>0.61***</td>
<td>0.59***</td>
<td>0.79***</td>
</tr>
</tbody>
</table>

*** = p ≤0.001  ** = p ≤0.02  * = p ≤0.05
Table 3: Model 2 - Predicting the likelihood of reporting two or more mental illness relative to no mental illness among the working age population using multinomial logistic regression model (relative risk ratios)

<table>
<thead>
<tr>
<th>Mental health index score = 2</th>
<th>Dependent effect</th>
<th>2004</th>
<th>2006</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>0.42***</td>
<td>0.20***</td>
<td>0.51***</td>
<td></td>
</tr>
<tr>
<td><strong>Population group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Coloured</td>
<td>6.01***</td>
<td>3.87***</td>
<td>1.71***</td>
<td></td>
</tr>
<tr>
<td>Indian/Asian</td>
<td>6.93</td>
<td>3.03***</td>
<td>1.91***</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>8.10***</td>
<td>0.46***</td>
<td>0.950</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No schooling</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Less than primary completed</td>
<td>0.24***</td>
<td>0.30***</td>
<td>0.35***</td>
<td></td>
</tr>
<tr>
<td>Primary completed</td>
<td>0.19***</td>
<td>0.60***</td>
<td>0.59***</td>
<td></td>
</tr>
<tr>
<td>Secondary not completed</td>
<td>0.07***</td>
<td>0.25***</td>
<td>0.36***</td>
<td></td>
</tr>
<tr>
<td>Secondary completed</td>
<td>0.09***</td>
<td>0.14***</td>
<td>0.36***</td>
<td></td>
</tr>
<tr>
<td>Tertiary</td>
<td>9.32</td>
<td>2.25</td>
<td>3.38</td>
<td></td>
</tr>
<tr>
<td><strong>Age groups</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>15-24 yrs</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>25-34 yrs</td>
<td>3.60***</td>
<td>6.52***</td>
<td>2.41***</td>
<td></td>
</tr>
<tr>
<td>35-44 yrs</td>
<td>2.87***</td>
<td>8.94***</td>
<td>0.61***</td>
<td></td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>1.35***</td>
<td>5.31***</td>
<td>6.42***</td>
<td></td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>1.01</td>
<td>2.33***</td>
<td>5.34***</td>
<td></td>
</tr>
<tr>
<td><strong>Province</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Cape</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Eastern Cape</td>
<td>0.68***</td>
<td>5.52***</td>
<td>0.16***</td>
<td></td>
</tr>
<tr>
<td>Northern Cape</td>
<td>1.69</td>
<td>2.16***</td>
<td>0.15***</td>
<td></td>
</tr>
<tr>
<td>Free State</td>
<td>1.54***</td>
<td>18.11***</td>
<td>0.31***</td>
<td></td>
</tr>
<tr>
<td>KwaZulu-Natal</td>
<td>0.64***</td>
<td>9.92***</td>
<td>0.17***</td>
<td></td>
</tr>
<tr>
<td>North West</td>
<td>1.20***</td>
<td>10.54***</td>
<td>0.55***</td>
<td></td>
</tr>
<tr>
<td>Gauteng</td>
<td>1.39***</td>
<td>18.42***</td>
<td>0.44***</td>
<td></td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>1.69***</td>
<td>27.40***</td>
<td>0.38***</td>
<td></td>
</tr>
<tr>
<td>Limpopo</td>
<td>0.41***</td>
<td>52.20***</td>
<td>0.30***</td>
<td></td>
</tr>
<tr>
<td><strong>Employment status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Not employed</td>
<td>1.63***</td>
<td>6.00***</td>
<td>3.13***</td>
<td></td>
</tr>
<tr>
<td><strong>No. of employed persons in the household</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No employed person in the household</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>At least one employed person in the household</td>
<td>0.45***</td>
<td>1.02***</td>
<td>1.10***</td>
<td></td>
</tr>
<tr>
<td>Two or more employed person in the household</td>
<td>0.09***</td>
<td>1.73***</td>
<td>0.86***</td>
<td></td>
</tr>
</tbody>
</table>

*** = p ≤ 0.001  ** = p ≤ 0.02  * = p ≤ 0.05
Predicting the likelihood of persons self-reporting one type versus multiple types of mental illness relative to reporting no mental illness.

In this section, the effects of the various predictive demographic and socio-economic variables on the likelihood of individuals reporting themselves to be suffering from mental illnesses in the country was examined through multivariate (dependent effect) modelling. Multinomial logistic regression was used to ascertain these predictors using the mental illness index. Table 2 (Model 1) gives the relative risk ratios of scoring 1 on the mental health index (i.e. suffering from at least one of the mental illnesses identified in the study) relative to scoring 0 (reporting no incidence of mental illness) for each predictive variable. Table 3 (Model 2) on the other hand, gives the relative risk ratios of scoring two or more on multiple illnesses on the mental health index (i.e. suffering from two or more mental illnesses) relative to scoring 0 (reporting no incidence of mental illness) for each predictive variable.

It should be noted that the mental health index in the multinomial logistic regression model has been reduced to only three levels, i.e. 0, 1, 2. The reduction of levels within the index was necessitated by the fact that the score of 3 in the original index did not yield any significant effects on the model. Therefore, scores of 2 and 3 on the mental health index discussed below were merged, so that a score of 2 is representative of individuals who had indicated suffering from two or three types of mental illness.

Gender

When controlling for other variables in the model, the relative risk for females relative to males self-reporting one or multiple types of mental illness relative to no mental illness is expected to decrease ($p<.001$) over the five year period when looking at the dependent effect. The risk however drops even lower compared to reporting more than one type of mental illness (i.e. decrease of 0.49% for females reporting multiple illnesses compared to a decline of 0.26% in the likelihood of reporting one type of illness in 2008).

Racial differences

The relative risk of persons perceiving themselves to be suffering any type of mental illness (one or multiple) relative to reporting no illness was generally higher among Coloured persons compared to the reference group (Black African), when a range of socio-economic and demographic variables were controlled for in the models. In 2008, however, there was a slight decrease in the difference among these two groups when reporting multiple illnesses. For example, in 2008, Coloureds were 0.79% ($p<.001$) more likely to report some kind of mental illness compared to Black African people. Although Coloured people were still more likely to report mental
illness, this risk dropped to 0.71% ($p<.001$) when reporting multiple illnesses compared to Black people.

Age
Since 2004, the relative risks of individuals likely to report themselves to be suffering from mental illness relative to no mental illnesses was consistently higher for persons between the ages of 45 and 54 years, relative to those aged 15 to 24 years. These findings were true irrespective of the number of types of mental illnesses reported, although the relative risk ratios predicting multiple illnesses were on average two to three times higher than those shown in the prediction of one type of mental illness.

Geographical location
Between 2004 and 2006, the relative risk of persons perceiving themselves to be suffering from at least one type of mental illness relative to no mental illness was lower across all eight provinces relative to the reference province (Western Cape), while no consistent pattern was observed in the prediction of reporting multiple illnesses. From 2004 to 2006, individuals living in Gauteng were least likely to report one type of mental illness. In 2008, however persons living in the Eastern Cape, Free State, North West, Gauteng and Mpumalanga were twice more likely to report a maximum of one incidence of mental illness relative to individuals residing in the Western Cape. This was, however, not true when reporting more than one type of mental illness.

Socio-economic status
Socio-economic status, measured as a combination of educational levels, employment status, and the number of employed persons in a household, is seen to be related to the absence or presence of mental illnesses. Those with lower levels of education, not employed, and living in households with no employed persons were more likely to self-report at least one type of mental illness. This pattern was consistent throughout all the years of reporting (2004 to 2008). Socioeconomic status therefore is an additional important independent factor influencing mental well-being.

Effects of education
When predicting the likelihood of reporting a single incidence of mental illnesses, the relative risk for individuals with higher education perceiving themselves to be suffering from mental illness relative to no mental illness was expected to decrease in comparison to those with no education. However, contrary to results shown in Model 1 (Table 1: predicting one type of mental illness), no significant differences were found between individuals with tertiary education and those with no schooling in the relative risk of reporting two or more mental illnesses. In fact, the relative risk
for persons having tertiary education was found to be much higher than for those with no or very little education in Model 2.

**Employment status**

The relative risk for self-reporting single or multiple types of mental illnesses relative to no mental illnesses for persons who are not employed increases relative to those that are employed. Furthermore, the relative risk ratios reported for the likelihood of reporting multiple illnesses were twice as much as those reported for one type of mental illness for all the years of reporting. Although the relative risk ratios for predicting one type of mental illnesses had declined by almost half from 2004 to 2008, employed persons were least likely to report any type of mental illnesses.

**Number of employed persons in the household**

The presence of at least one employed household member in a household where an unemployed individual lived was found to ameliorate the impact of self-reporting one type of mental illness among persons who were not employed. This was, however, not true when more than one type of mental illness was reported.

**DISCUSSION**

**Perceived mental health among the working age population**

The results presented in the previous section showed that the proportion of persons self-reporting mental illness among the South African working age population has been gradually increasing since 2004. In 2008, approximately 283 thousand (0.9%) individuals aged between 15 and 64 years reported themselves to be suffered from at least one of the three mental illnesses used in the study (an additional 101,233 individuals since 2004). The prevalence reported in this study (for the year 2008) is comparable to the figure reported by Kessler, Amminger, Aguilar-Gaxiola, Alonso, Lee, and Üstün (2007) for South Africa - although this figure was slightly higher at 1.5%. More recent studies however report prevalence rates ranging from 4.0% to 16.5% for South Africa alone (Myer, 2009; Williams et. al., 2008). For example, Williams et al. (2008) reported a prevalence of 16.5% for any Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) or Composite International Diagnostic Interview (CIDI) disorder for a duration of 12-months.

The extent to which the different profiles of mental illnesses differ could be due to a number of reasons. Firstly, studies used for comparisons in this study used different methods. The instrument used considered three types of mental illnesses while comparative studies used a wider list of mental disorders to measure mental illness. Secondly, while analyses and diagnoses in this study were based on self-reported incidences of mental health, the prevalence of mental illnesses in the
comparative studies were based on clinical diagnostics. In addition, and perhaps the most important factor, is the time frame. The large amount of literature used for comparison purposes used a 12 month time frame for reporting any illnesses, while the current study used one month. Lastly, studies also show that under-estimation of reporting of mental illnesses in studies can often be linked to research showing that people with disorders are less likely than others to participate in mental health surveys (Kessler et al., 1998; Kessler et al., 2007). These studies indicate that there is often a bias against reporting embarrassing behaviors and that there are also age-related underestimations of illness and failures to report past disorders. On the other hand, reports also talk about ‘the interviewer error’ which is reported to sometimes lead to over-estimating prevalence when the interview thresholds for defining disorders are too liberal (Kessler et al., 2007).

In spite of the differences reported in the prevalence of mental illnesses shown and discussed above, it is envisaged that the figures and the prevalence reported in this study will add on to the much needed documentation of mental health in South Africa.

**Mental illnesses and socio-economic and demographic factors among the working age population**

Examining the association of socio-demographic variables with mental health conditions provides an initial approach to understanding contributors to the prevalence among the general South African working age population. The discussion below accordingly discusses socio-economic demographic factors which were found to contribute to the likelihood of reporting mental illnesses among the South African working age population.

**Gender**

Men were more likely to report themselves to be suffering from single or multiple types of mental illnesses compared to women. Although literature does point to the fact that gender does play an important role in predicting mental illnesses, the effects of gender on mental health are limited to the extent as it relates to specific types of mental illnesses. For example, women have been prone to suffer from depressive and anxiety disorders while men are most likely to suffer from substance abuse (Williams et al., 2008). Future studies, adopting a gender analytical approach, would prove to be invaluable in providing a better understanding of mental health problems and decisions relating to treatments of these problems among the two gender groups.

**Population group**

The likelihood of persons self-reporting mental illnesses in this study was consistently lower among White persons compared to other racial groups, with Coloured people
more likely to report mental illnesses. This finding is consistent with that reported in a study by Williams et al. (2008). Of interest, however, is the noticeable increase in the proportion of individuals reporting mental illness among the Black African population from 2004 to 2008. The differences reported on mental illnesses among racial groups are often attributed to factors such as western definitions of mental illness and instruments used to measure mental illnesses; cultural differences between races such as the expression of distress; the stigmatization and the misunderstanding of mental illness among the different cultures; and difficulties with access to and use of mental health services often faced by disadvantaged communities (Gollust, Lantz, & Ubel, 2010).

**Education**

In this study, the proportion of persons reporting themselves to be suffering from only one mental illness among individuals with less than primary education has been on average twice as much as those with at least secondary education. These results were consistent over the five year period of reporting (2004 to 2008). These analyses demonstrate that high prevalence of mental disorders are associated with reduced educational achievement and are consistent with findings from Europe, North America and Australia (Patel et al., 2008; Townsend, Flisher, & King, 2007). Given the high prevalence of mental disorders among persons with lower educational achievement reported, not only in the present study regarding this country but also in other countries, any intervention aimed at increasing levels of mental well-being among the population should take into consideration the role of education and its impact on mental health. Taking this approach could have important implications for the way mental health policy is assessed. The results differed for persons reporting more than one type of mental illness. Persons with a tertiary education were found to be more at risk of having more than one type of mental illness than those with no or a very low level of education. It is perhaps an indication that having a tertiary education brings with it the expectation that a high level of education would ensure not only employment, but also employment that would offer high rewards in earnings. The ensuing devastation as a result of the unrealised expectations would consequently have a much more drastic effect on these persons than those of lower educational levels whose expectations would not be as high.

**Age**

The perceived incidence of mental illness among the working age population in this study was found to gradually increase with age. These results are consistent with those reported in previous research (Kessler et al., 2009; Ormel et al., 2007). Mental disorders are known to have earlier ages of onset. The analysis conducted by Kessler et al. (2009) showed that early-onset mental disorders were significant predictors
of the subsequent onset and persistence of a wide range of physical disorders later in life. This fits into a larger pattern of associations between early onset of mental disorders and a variety of factors such as reduced educational attainment, early marriage, marriage instability and low occupational and financial status (Kessler et al., 1998). As far as intervention is concerned, literature is rather vague as to whether the relationship between the associations and age is causal or not. As a result it is difficult to decide if these outcomes are consequences of mental health or vice versa.

**Geographical area**

The results discussed in the previous section showed that there was a consistent increase in the proportion of persons reporting themselves to be suffering from mental illnesses among persons living in five of the nine provinces, Northern Cape, Free state, North West, Gauteng and Mpumalanga over the period 2004 to 2008. Conversely, there was a gradual decline in the proportions of cases of mental illness among people living in the Western Cape. The lowest proportion of persons reporting themselves to be suffering from mental illness was reported among those living in Gauteng and Limpopo since 2004. No other South African studies have compared mental illness across provinces. Studies generally tend to focus on mental health trends within the country or in a specific province (Myer et al., 2009; Williams et al., 2008).

**Employment status**

There was a significant effect resulting from employment status on mental health, with employed persons less likely to self-report mental illnesses compared to persons who were not employed. These results are supported in literature where persons, who were not employed, were shown to have poorer mental health than employed people (Murphy & Athanasou, 1999; National Survey on Drug Use and Health [NSDUH], 2006). Copious amounts of research have additionally attempted to establish a link between unemployment and poor mental health or, in other words, does the status of not being employed cause psychological problems or vice versa. For example, Schaufeli (1997) argued that people with pre-existing psychological problems are more likely to become unemployed (the ‘selection hypothesis’). However, while those with pre-existing psychological problems do appear among persons not employed, they are unlikely to account for the majority of the unemployed (Fryer, 1997). In addition, various longitudinal studies (that are able to track psychological changes in individuals over time) have shown that people’s mental well-being changes as their employment status changes. For example, in studies reviewed by Murphy and Athanasou (1999), evidence was found of both decreased mental health for those moving from employment to unemployment and increased mental health for those moving from not being employed to being employed. Murphy and
Athanasou (1999), therefore, concluded that the ‘selection’ effect did not seem to apply in the majority of the surveyed studies and that the studies best placed to control for such potential confounding variables concluded that unemployment *per se* had an effect on mental health.

**CONCLUSION**

The findings presented in this study are disconcerting. Increasing levels of self-reported incidences of mental illness among the general South African working age population have been observed since 2004. The results shown in this study indicated an increase of more than 101 thousand reported incidences (of at least one type of mental illnesses) among the working age population over the period 2004 to 2008.

When predicting factors associated with the likelihood of self-reporting mental illnesses among the working age population, employment status accounted for the biggest contributor, specifically not being employed. Other socio-demographic contributors included gender (males were most likely to report mental illnesses), population group (with the Coloured and the Black African population groups more likely to be at risk), age (the relative risk for older persons reporting mental illnesses was higher than it was for younger persons) and education (having lower levels of educational resulted in increased chances of reporting mental well-being). The risk of reporting both single and multiple types of mental illnesses relative to no mental illnesses for persons who were not employed was found to be higher than for those who were employed.

**BIOGRAPHICAL NOTES**

Constance Sarah Mabela completed her doctorate degree (DLitt ET Phil) from Unisa’s Psychology Department. She is currently employed as a Manager in the Labour Statistics division at Statistics South Africa. In this capacity she is responsible for questionnaire design, data analysis and the dissemination of household labour market statistics within the organization. Dr. Mabela works closely with other researchers including interns. Prior to joining Statistics South Africa, she held various research positions in other organisations, including the Medical Research Council (MRC) and the Human Rights Commission (HRC), which has led to her diversity in applying research in a number of fields such as Health Care, Policy analysis and Labour.
REFERENCES


Exploring the relationship between personality and acculturation in a community sample from Johannesburg, South Africa

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ABSTRACT
The Five Factor Model (FFM) of personality and the NEO-PI-R are regarded as the gold standard in personality assessment against which all other tests are compared. The universality of both the model and the test is accepted but evidence from African and Asian contexts is less conclusive. Recently it has been argued that acculturation may be amongst the most important factors influencing responses on personality scales like the NEO-PI-R, thereby influencing replicability of the FFM. Thus, this study explored the relationship between personality and acculturation using the NEO-PI-3 and the South African Acculturation Scale (SAAS) in a convenience sample of 272 South Africans in Johannesburg. Significant personality differences were found between acculturated and unacculturated individuals. With the exception of two Openness to Experience facets (Aesthetics and Values) and two Agreeableness facets (Straightforwardness and Compliance) significant agreement was found between the factor structures of acculturated and unacculturated individuals. These results are discussed within the context of the universality of the FFM and the NEO-PI-3 and the role of acculturation in this context.

Keywords: Acculturation, Five-Factor Model, NEO-PI-3, Personality; SAAS, South Africa

The Five-Factor Model (FFM) of personality and the NEO-PI-R are at this time regarded as the ‘gold standard’ in personality assessment against which all other tests and models are compared (Laher, 2013a). However, both the FFM and the NEO-PI-R have been found to have limited replicability in Asian and African contexts (Cheung, Cheung, Zhang, Leong, & Yeh, 2008; Laher, 2013a) in individual and cross-cultural studies. The results in the South African context have not been
conclusive in this regard with earlier studies claiming poor replicability and more recent studies finding support for the FFM and the utility of the NEO-PI-R in South Africa (Laher, 2013a). This changing trend has been ascribed to acculturation (Laher & Cockcroft, 2013). However this has not been formally researched. Thus this study will explore the relationship, if any, between personality and acculturation. This study will also make a further contribution to research in that it uses the NEO-PI-3, the most recent revision of the NEO-PI-R. As yet, there is very little formal research internationally and locally on this instrument.

In the literature review to follow personality is defined. Following this, the concept of acculturation and the models underlying acculturation are presented. Finally, empirical research on acculturation and personality is presented.

**PERSONALITY DEFINED**

Personality in this study is defined according to the Five Factor Model (FFM) of personality. The FFM is characterized as a trait-based approach that argues that personality can be encapsulated by five broad factors, namely, Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness. These factors are regarded as Basic Tendencies in Five Factor Theory (FFT) and are therefore regarded as a genetic blueprint for personality that is common across all human beings. However, the expression of this personality may differ across cultures and individuals and therefore may present as Characteristic Adaptations. The five factors work together to produce an individual’s personality profile (Laher, 2013b). Neuroticism is defined as a general tendency to experience negative affects such as fear, sadness, embarrassment, anger, guilt, and distrust. Neuroticism consists of six facets, namely, Anxiety, Anger and Hostility, Depression, Self-consciousness, Impulsiveness and Vulnerability. Extraversion can be defined by the intensity and quantity of an individual’s tendency toward sociability, assertiveness and activeness. The six facets that organize behaviour and thought patterns in this domain are Warmth, Gregariousness, Assertiveness, Activity, Excitement seeking, and Positive emotions. Openness to Experience refers to the degree to which a person is imaginative and curious as opposed to concrete minded and narrow thinking. The six facets that describe Openness are namely, Fantasy, Aesthetics, Feelings, Action, Ideas and Values. Agreeableness can be described as the degree to which an individual is selfless, good natured, warm and co-operative as opposed to irritable, uncooperative, inflexible, unpleasant and disagreeable. The facets of Agreeableness include Trust, Straightforwardness, Altruism, Compliance, Modesty, and Tender-mindedness. The final factor, Conscientiousness, is defined as the degree to which the individual is good in areas of organization, efficiency, and planning. The six facets are namely, Competence, Order, Dutifulness, Achievement-striving, Self-discipline and Deliberation (Costa & McCrae, 2008; Laher, 2008).
The FFM is also informed by the recent development of the Five Factor Theory (see McCrae & Costa, 2008). According to FFT, the five factors in the FFM are regarded as Basic Tendencies, innate potentials within every human being, for the expression of Neuroticism, Extraversion, Openness to Experience, Agreeableness and Conscientiousness. However, each individual will show different expressions of these five basic factors due to the influence of the macro- and micro-environments within which they function (Laher, 2013b; McCrae & Costa, 2008). Culture and acculturation are regarded as core factors within these environments that influence the expression of these personality traits in an individual (Laher, 2010; McCrae, 2004). The changes produced in personality by virtue of exposure to the micro and macro contextual factors result in individuals expressing Characteristic Adaptations as their observable personality traits rather than Basic Tendencies (Laher, 2013b; McCrae & Costa, 2008). Hence, the FFM and FFT are used as the key theoretical frameworks within which to explore the relationship of acculturation to personality.

**ACCULTURATION DEFINED**

Acculturation first appeared in the work of Redfield, Linton, and Herskovits (1936) who argued that acculturation occurs when individuals from different cultures come into contact with one another, resulting in changes in the original cultural patterns of either or both groups (as cited in Berry, Poortinga, Segall & Dasen, 2002). Another group of social scientists, nearly twenty years later, expanded on the Redfield et al. (1936) model of acculturation by adding a psychological dimension to the process of acculturation (Padilla & Perez, 2003). This expanded the definition of acculturation by acknowledging the role of value systems, developmental sequences, roles, and personality factors as contributing to how individuals adjust when they come into contact with each other. This model was advanced as it identified important culture related information that changes with intergroup contact as well as which aspects of culture, such as values, might be more resistant to change with intercultural contact. The importance of this model is that it now empowered individuals with a choice in the acculturation process, as the change from one cultural orientation to another could be ‘selective’ (Padilla & Perez, 2003). As a result individuals involved in intergroup contact can decide what elements of their culture they wish to give up and what cultural elements they want to incorporate from the new culture. This model was recognized as the unidimensional model of acculturation (Schwartz, Unger & Szapocznik, 2010).

There are two variants within the unidimensional model, namely the assimilation variant and the bicultural variant (Ourasse, 2003). According to the assimilation variant, complete absorption into the mainstream culture is unavoidable, and cross-cultural travelers lose their ethnic feelings and cultural characteristics, supporting the host culture (Ourasse, 2003). In contrast, the
bicultural variant views biculturalism as conforming to both cultures (Ourasse, 2003). According to the unidimensional model, immigrants may be placed into the acculturation continuum from unacculturated to acculturated during cultural changes in the new culture (see Figure 1). As seen in Figure 1, the midpoint on the continuum is called biculturalism, which assumes that immigrants maintain their cultural heritage while adopting new cultural characteristics (Lee, 2005).

**Figure 1** Two models of acculturation (Keefe & Padilla, 1987)

A criticism of the unidimensional model is that it does not go further in their psychological analysis of members in diverse cultures adjustment to one another and the element of choice is not salient (Padilla & Perez, 2003). The unidimensional model is also based on the assumption that a strong ethnic identity is not possible among those who become involved in the mainstream society and that acculturation naturally occurs with the weakening of ethnic identity (Ourasse, 2003).

Berry (1980) expanded on the unidimensional model by developing a bidimensional model of acculturation. Berry’s model was considered important as it recognized the importance of multicultural societies, and the fact that individuals have a choice in the acculturation process (Padilla & Perez, 2003).

The bidimensional model regards ethnic and host identities as independent (Ourasse, 2003). It employs four independent dimensions (integration, segregation, assimilation and marginalization) rather than the bipolar continuum of the unidimensional model (Lee, 2005). Adherence to both the host and ethnic identities leads to Integration acculturation. Assimilation acculturation is produced when individuals embraces the host culture and rejects the ethnic cultural identity (Ourasse,
When the individual retains only their ethnic cultural identity this results in Segregation acculturation and Marginalization acculturation is when the individual expresses little interest in maintaining either of the cultural identities (see Figure 1) (Schwartz et al., 2010). As one can see the primary difference between these two approaches can be found in how they treat the relation between the heritage culture and the mainstream culture (Ryder, Alden & Paulhus, 2000). Ryder et al. (2000) compared the undimensional and bidimensional models of acculturation in the contexts of personality, self-identity, and adjustment. The results of their study showed that the bidimensional model forms a broader and more valid framework for understanding acculturation.

The South African Acculturation Scale (SAAS) is based on Berry’s bidimensional model and measures three of the four acculturation types, namely, Assimilation, Integration and Rejection. Marginalization (deculturation) was excluded from the scale based on Berry’s (1976, p. 180) observation: “since both common sense and pilot work indicated that such an outcome was not to be chosen by anyone.” This assertion is supported by Schwartz et al. (2010) who debate the inclusion of a Marginalisation category.

Padilla and Perez (2003) argue that none of the major theories of acculturation take into consideration individual differences and personality characteristics that assist acculturation. Allik and McCrae (2002) also identify a gap in the literature where, although there is a large literature on the psychology of acculturation, there seems to be few studies which consider the relationship between personality traits and acculturation.

**RESEARCH ON PERSONALITY AND ACCULTURATION**

McCrae, Yik, Trapnell, Bond, and Paulhus (1998) examined personality profiles in Chinese undergraduates in Hong Kong and Vancouver and found significant acculturation effects. Canadian-born Chinese were higher than recent immigrants in Extraversion, Openness, and Agreeableness when self-reports of personality were examined (McCrae et al., 1998). Another study done by Ryder, et al (2000) found that the heritage scale (ethic identity) was associated with higher Conscientiousness and lower Neuroticism, whereas the mainstream subscale (host identity) was associated with higher scores on Conscientiousness, Extraversion, and Openness, as well as with lower Neuroticism. Benet-Martinez and Karakitapoglu-Aygun (2003) found that first generation Asian Americans scored lower on Extraversion, Conscientiousness, and Openness when compared to later generations of Asian Americans and European Americans (Eapet al 2008). Despite searching the literature fairly extensively we were only able to locate these studies that looked directly at the relationship between personality traits and acculturation strategies. Most other studies consider acculturation within the context of mental health, adjustment and well-being issues.
(see meta-analyses by Yoon et al., 2013) amongst others.

Thus this study aims to explore whether personality differences occur across the three acculturation categories. This study also aims to determine whether acculturation influences personality structure by comparing the personality factor structures of acculturated and non-acculturated groups.

METHODS

This study used a non-experimental, cross-sectional design to explore the relationship between personality and acculturation. It is a non-experimental design as there was no manipulation or control of variable in this study. An experimental design would include deliberate changes in the environment of the subjects and observation or measurements would be done in accordance with the effects of those changes, none of which took place in this study, thus one can classify this study as a non-experimental one (Rosnow & Rosenthal, 2008). The type of non-experimental study will be a correlational one. A correlational study is when there are two or more variable or conditions that are measured, after which their degree of relationship to one another is then estimated. Since the two variables in the study are pre-existent and no manipulation or control was necessary, a non-experimental cross-sectional design is justified.

Sample

A nonprobability, convenience sample of 272 people from the general public in Johannesburg and surrounding areas voluntarily completed the questionnaire. Individuals in the sample ranged from age between 14 and 90 years (X=36.52, SD=14.53). From Table 1, it is evident majority of the sample was female (n=182, 66.9%). In terms of race, 39.7% were Black (n=108), 8.8% were Coloured (n=24), 23.2% Indian (n=63), and 27.6% White (n=75). One hundred and fifty-three (56.3%) individuals spoke English, while 115 (42.2%) spoke a language other than English. Two questions were included in the questionnaire that requested participants whose home language was not English to rate their English reading skills and English comprehension skills from 1 to 5, with 1 being “Not so good” and 5 being “Excellent”. For individuals who had English as a second language, majority of the sample had an excellent to good English reading and English comprehension ability, thus controlling for issues of language proficiency in the study.
### Table 1: Descriptive statistics for the sample

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>%</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENDER</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>85</td>
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<td>31.3</td>
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<tr>
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<td>98.2</td>
</tr>
<tr>
<td>Missing</td>
<td>5</td>
<td>1.8</td>
<td>100</td>
</tr>
<tr>
<td><strong>POPULATION GROUP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>108</td>
<td>39.7</td>
<td>39.7</td>
</tr>
<tr>
<td>Coloured</td>
<td>24</td>
<td>8.8</td>
<td>48.5</td>
</tr>
<tr>
<td>Indian</td>
<td>63</td>
<td>23.2</td>
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<td>75</td>
<td>27.6</td>
<td>99.3</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>0.7</td>
<td>100</td>
</tr>
<tr>
<td><strong>HOME LANGUAGE</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>153</td>
<td>56.3</td>
<td>56.3</td>
</tr>
<tr>
<td>Afrikaans</td>
<td>7</td>
<td>2.7</td>
<td>59.0</td>
</tr>
<tr>
<td>Ndebele</td>
<td>3</td>
<td>1.1</td>
<td>60.1</td>
</tr>
<tr>
<td>Pedi</td>
<td>12</td>
<td>4.4</td>
<td>64.5</td>
</tr>
<tr>
<td>Swati</td>
<td>3</td>
<td>1.1</td>
<td>65.6</td>
</tr>
<tr>
<td>Sotho</td>
<td>7</td>
<td>2.6</td>
<td>68.2</td>
</tr>
<tr>
<td>Tsonga</td>
<td>5</td>
<td>1.8</td>
<td>70.0</td>
</tr>
<tr>
<td>Tswana</td>
<td>15</td>
<td>5.9</td>
<td>75.9</td>
</tr>
<tr>
<td>Venda</td>
<td>4</td>
<td>1.5</td>
<td>77.4</td>
</tr>
<tr>
<td>Xhosa</td>
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<td>4.4</td>
<td>81.8</td>
</tr>
<tr>
<td>Zulu</td>
<td>36</td>
<td>13.2</td>
<td>95.0</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>4.0</td>
<td>99.0</td>
</tr>
<tr>
<td>Missing</td>
<td>4</td>
<td>1.5</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>ENGLISH READING ABILITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not so good (1)</td>
<td>2</td>
<td>0.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Fairly good (2)</td>
<td>2</td>
<td>0.7</td>
<td>1.5</td>
</tr>
<tr>
<td>Satisfactory (3)</td>
<td>23</td>
<td>8.5</td>
<td>10</td>
</tr>
<tr>
<td>Very good (4)</td>
<td>49</td>
<td>18.0</td>
<td>28</td>
</tr>
<tr>
<td>Excellent (5)</td>
<td>54</td>
<td>19.9</td>
<td>47.8</td>
</tr>
<tr>
<td>Missing</td>
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<td>100</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>130</td>
<td>47.8</td>
<td></td>
</tr>
</tbody>
</table>
Instruments

A questionnaire consisting of a demographics section, the NEO-PI-3 and the SAAS was used in this study. Age, gender, race, home language and 2 items assessing English proficiency were included in the demographics section. This information was used for descriptive purposes only.

NEO-Personality Inventory-3 (NEO-PI-3)

The NEO-PI-3 was developed with the intention of making the NEO-PI-R more readable. The NEO-PI-3 is identical to the NEO-PI-R except that 37 items were revised to make the instrument more appropriate for younger examinees or adults with lower educational levels. The full NEO-PI-3 has shown a Flesch-Kincaid Grade Level readability of 5.3 (McCrae & Costa, 2010). It consists of 240 items with each of the five domains (Neuroticism, Extraversion, Openness to Experience, Agreeableness and Conscientiousness) having 48 items. The 48 items are further subdivided into 8 items for each of the six subscales that make up the domain. Responses for each item are on a five point Likert type scale ranging from ‘Strongly Disagree’ (0) to ‘Strongly Agree’ (4). The internal consistency reliability coefficients for the five domains in the NEO-PI-3 ranged from 0.84 to 0.93 and for the facets from .54 to .83 (McCrae, Costa & Martin, 2004). Internal consistency reliability coefficients for the five domains ranged from .78 to .92 in this study while facet reliability coefficients were all above .60 except for Actions (α = .53), Values (α = .52), Straightforwardness (α = .49), Modesty (α = .58) and Tendermindedness (α = .53).

The South African Acculturation Scale Questionnaire (SAAS)

The South African Acculturation Scale (SAAS) was developed based on the work of Berry (1976), Berry, Trimble and Olmedo (1986) and Berry (1997) (Kramers, 2000). In constructing the scale, Kramers (2000) considered an early scale assessing acculturation attitudes of American Indians in Canada, which used the acculturation strategies outlined by Berry. Even though the scale was potentially adaptable to
the South African context, Kramers (2000) found that the items were ethically inappropriate. As a result of the history of apartheid, it was possible that respondents would find a number of items in the scale offensive (Kramers, 2000). Therefore Kramers (2000) adapted appropriate items which were selected and changed from Berry’s (1976) acculturation scale.

The SAAS is a 22 item self-report questionnaire which consists of three subscales assessing respondents’ tendencies towards cultural assimilation, integration and rejection (Kramers, 2000). There are eight assimilation items which assess respondents’ desires to maintain relationships with other cultural groups in the absence of maintaining own-group characteristics. There are seven integration items which assess respondents’ desire to maintain their own cultural identity and relationships with other cultural groups. Five rejection items assess respondents’ desires to maintain their own cultural identity in the absence of maintaining relationships with other cultural groups (Kramers, 2000).

Responses are on a five point Likert scale ranging from ‘Strongly Agree’ (5) to ‘Strongly Disagree’ (1). A pilot study was conducted amongst a sample of nursing students. In the pilot, the Assimilation subscale had an alpha co-efficient of .64, the Integration subscale had an alpha co-efficient of .70 while the Rejection subscale had an alpha co-efficient of .53 (Kramers, 2000). When checking the reliability and construct validity for the SAAS in the current study, it was found that some of the items had to be removed either because the item-total correlations were too low or the factor loadings were inappropriate. Three Rejection items were removed, three Assimilation items were removed and one Integration item was removed. This resulted in the scale having 15 items rather than 22 with four items for Rejection, five for Assimilation, and six items for Integration. Cronbach alpha coefficients for the revised scale were as follows: .72 for Rejection, .55 for Assimilation and .79 for Integration.

**Ethical Considerations**

Ethical clearance was obtained from the Human Research Ethics Committee at the University of the Witwatersrand (Protocol number: HONS/13/045IH). All individuals who participated in this research did so voluntarily. A participant information sheet attached to each questionnaire briefly described the purpose of the study and provided a statement guaranteeing anonymity. Participants in the research at no stage needed to identify themselves, as the purpose of the research was to establish personality trends. It was stated that any respondent completing and submitting a questionnaire would thereby give their consent for the information to be used in the research. Furthermore, it was stipulated that non-participation would have no negative consequences for the individual. The letter also provided contact details, should any participants want any extra information or feedback. Participants were informed that only general feedback would be provided because no individual
could be identified due to the anonymous nature of the questionnaires. Feedback was available on request in the form of a one page summary sheet. Raw data was stored in a locked cupboard on campus. Electronic data was stored in password-protected files on a password protected computer.

**Procedure**

Data was collected from members of the general public by enlisting the assistance of undergraduate and postgraduate students who got members in their communities to complete the questionnaires. Once all the questionnaires had been collected, they were sorted out, with incomplete ones or any answered incorrectly being disposed of. The remaining questionnaires were then captured and scored as per the test developer specifications. After that, the data was analyzed using the SPSS computer program (IBM SPSS Version 21, 2013).

**Data Analysis**

Descriptive statistics were calculated. Frequencies were examined for all nominal variables while means, standard deviations, skewness coefficients and range of scores were calculated for interval variables. To examine whether there were personality differences between the three acculturation groups, ANOVA’s were used. An exploratory factor analysis was used to determine whether there was sufficient agreement between the factor structures for the acculturated and unacculturated samples. Since the Integration and Assimilation groups both represent acculturation to the host culture they were combined to represent the acculturated group whilst the Rejection group represented the unacculturated group. Initially a principal components analysis with varimax rotation was used to determine the factor structure for each group. Procrustes rotation with factor congruence coefficients was used to compare the degree of agreement between the factor structures of both groups (Laher, 2010). Factor congruence coefficients of .85 or larger are generally indicative of adequacy of fit (Cheung, Cheung, Leung, Ward & Leong, 2003; McCrae, Costa, & Martin 2005).

**RESULTS**

Table 2 provides the means, standard deviations, minimum and maximum values and skewness coefficients for the domain and facet scales of the NEO-PI-3 as well as for the subscales of the SAAS. It is evident from Table 3 that all the variables are within the expected ranges and are normally distributed as per the criteria cited in Huck (2009).
Table 2: Descriptive Statistics for the NEO-PI-3 and SAAS

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean</th>
<th>SD</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Skewness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuroticism</td>
<td>84.599</td>
<td>20.9881</td>
<td>12</td>
<td>151</td>
<td>.016</td>
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<tr>
<td>Anxiety</td>
<td>16.754</td>
<td>4.853</td>
<td>4</td>
<td>31</td>
<td>.226</td>
</tr>
<tr>
<td>Angry hostility</td>
<td>14.706</td>
<td>4.693</td>
<td>0</td>
<td>26</td>
<td>.065</td>
</tr>
<tr>
<td>Depression</td>
<td>14.7</td>
<td>5.216</td>
<td>1</td>
<td>28</td>
<td>.057</td>
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<td>Self-consciousness</td>
<td>14.77</td>
<td>4.986</td>
<td>0</td>
<td>29</td>
<td>.136</td>
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<tr>
<td>Impulsivity</td>
<td>16.32</td>
<td>4.475</td>
<td>0</td>
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<td>Vulnerability</td>
<td>11.68</td>
<td>4.729</td>
<td>0</td>
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<td>.221</td>
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<tr>
<td>Extraversion</td>
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<td>20.399</td>
<td>44</td>
<td>158</td>
<td>-.232</td>
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<tr>
<td>Warmth</td>
<td>21.28</td>
<td>4.507</td>
<td>9</td>
<td>31</td>
<td>-.309</td>
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<td>Gregariousness</td>
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<td>5.649</td>
<td>-17</td>
<td>32</td>
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<td>Assertiveness</td>
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<td>4.682</td>
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<td>Activity</td>
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<td>4.405</td>
<td>4</td>
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<td>Excitement seeking</td>
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<td>5.185</td>
<td>5</td>
<td>31</td>
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<td>Positive emotions</td>
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<td>5.074</td>
<td>4</td>
<td>32</td>
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<tr>
<td>Openness to Experience</td>
<td>110.99</td>
<td>18.515</td>
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<td>162</td>
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<td>Fantasy</td>
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<td>Agreeableness</td>
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<td>Straightforwardness</td>
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<td>Compliance</td>
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<tr>
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<td>22</td>
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<td>7</td>
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<td>Achievement striving</td>
<td>21.11</td>
<td>5.165</td>
<td>5</td>
<td>32</td>
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Table 3 presents the ANOVA results for the three groups and the NEO-PI-3 scales. From Table 3 it is evident that significant differences occur between the groups on Neuroticism, Depression, Self-Consciousness, Extraversion, Warmth, Fantasy, Values, Altruism, Tendermindedness, Conscientiousness and Competence at the 0.05 level of significance. Significant differences occur between the groups on Assertiveness, Positive Emotions, Openness to Experience, Aesthetics, Feelings, Ideas and Achievement Striving at the 0.01 level of significance. Post hoc testing using Tukey’s test indicates significant differences between the Integration and Rejection groups with the Integration group scoring higher on all personality dimensions except for Depression and Self-Consciousness where the Integration group scored lower than the Rejection group. Post-hoc testing also indicated significant differences between the Assimilation and Rejection groups on Assertiveness, Openness to Experience, Aesthetics, Actions and Ideas with the Assimilation group scoring higher on all scales. Effect sizes were in the small to moderate range.

ANOVA for the NEO-PI-3 and the SAAS subscales

Table 3: ANOVA results for acculturation and personality

<table>
<thead>
<tr>
<th>Scale</th>
<th>F</th>
<th>P</th>
<th>I</th>
<th>A</th>
<th>R</th>
<th>Cohen’s (d)</th>
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<td>Neuroticism</td>
<td>3.09</td>
<td>0.047*</td>
<td>80.43</td>
<td>85.44</td>
<td>87.88</td>
<td>I-R=.36</td>
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<td>0.401</td>
<td>16.20</td>
<td>16.93</td>
<td>17.12</td>
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<td>0.118</td>
<td>13.93</td>
<td>14.88</td>
<td>15.33</td>
<td></td>
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<tr>
<td>Depression</td>
<td>3.12</td>
<td>0.046*</td>
<td>13.62</td>
<td>15.16</td>
<td>15.38</td>
<td>I-R=.34</td>
</tr>
<tr>
<td>Self-Consciousness</td>
<td>3.05</td>
<td>0.049*</td>
<td>13.73</td>
<td>15.17</td>
<td>14.41</td>
<td>I-R=.14</td>
</tr>
<tr>
<td>Impulsiveness</td>
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<td>0.327</td>
<td>16.01</td>
<td>15.99</td>
<td>16.85</td>
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<tr>
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<td>0.215</td>
<td>11.03</td>
<td>11.80</td>
<td>12.23</td>
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<tr>
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<td>3.79</td>
<td>0.024*</td>
<td>113.22</td>
<td>111.20</td>
<td>105.42</td>
<td>I-R=.39</td>
</tr>
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<td>Warmth</td>
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<td>0.014*</td>
<td>22.18</td>
<td>21.55</td>
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<td>I-R=.42</td>
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<tr>
<td>Gregariousness</td>
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<td>16.78</td>
<td>16.29</td>
<td>15.34</td>
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<tr>
<td>Personality Factor</td>
<td>Mean</td>
<td>Std. Error</td>
<td>F Value</td>
<td>p Value</td>
<td>I-R</td>
<td>A-R</td>
</tr>
<tr>
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<td>------</td>
<td>------------</td>
<td>---------</td>
<td>---------</td>
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<tr>
<td><strong>Assertiveness</strong></td>
<td>6.60</td>
<td>0.002**</td>
<td>17.56</td>
<td>15.31</td>
<td>I-R=.49; A-R=.42</td>
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<tr>
<td>Activity</td>
<td>2.52</td>
<td>0.082</td>
<td>18.00</td>
<td>17.10</td>
<td>16.57</td>
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<tr>
<td>Excitement-Seeking</td>
<td>2.95</td>
<td>0.054</td>
<td>18.87</td>
<td>18.18</td>
<td>17.06</td>
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<tr>
<td>Positive Emotions</td>
<td>5.62</td>
<td>0.004**</td>
<td>22.09</td>
<td>19.68</td>
<td>I-R=.48</td>
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<tr>
<td><strong>Openness to Experience</strong></td>
<td>12.29</td>
<td>0.000**</td>
<td>116.79</td>
<td>104.21</td>
<td>I-R=.71; A-R=.45</td>
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<tr>
<td>Fantasy</td>
<td>3.29</td>
<td>0.039*</td>
<td>18.11</td>
<td>16.48</td>
<td>I-R=.36</td>
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<tr>
<td>Aesthetics</td>
<td>5.92</td>
<td>0.003**</td>
<td>19.64</td>
<td>16.93</td>
<td>I-R=.48; A-R=.36</td>
<td></td>
</tr>
<tr>
<td>Feelings</td>
<td>4.84</td>
<td>0.009**</td>
<td>18.31</td>
<td>16.68</td>
<td>I-R=.44</td>
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</tr>
<tr>
<td>Actions</td>
<td>8.00</td>
<td>0.000**</td>
<td>17.06</td>
<td>14.99</td>
<td>I-R=.55; A-R=.39</td>
<td></td>
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<tr>
<td>Ideas</td>
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<td>0.000**</td>
<td>20.80</td>
<td>17.74</td>
<td>I-R=.61; A-R=.46</td>
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<tr>
<td>Values</td>
<td>3.09</td>
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<td>20.26</td>
<td>18.83</td>
<td>I-R=.36</td>
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<td>0.175</td>
<td>120.31</td>
<td>116.33</td>
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<td>Trust</td>
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<td>0.831</td>
<td>16.57</td>
<td>16.40</td>
<td>16.18</td>
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<tr>
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<td>19.66</td>
<td>19.90</td>
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<tr>
<td>Tender-Mindedness</td>
<td>3.16</td>
<td>0.044*</td>
<td>23.57</td>
<td>22.13</td>
<td>I-R=.36</td>
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<td>127.63</td>
<td>118.81</td>
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<td>Competence</td>
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<td>21.46</td>
<td>19.84</td>
<td>I-R=.41</td>
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<td>Order</td>
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<td>0.64</td>
<td>20.68</td>
<td>20.08</td>
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<td>Dutifulness</td>
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<td>22.69</td>
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<td>18.64</td>
<td>19.25</td>
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Df 2,268; *p<0.05; p<0.01; I = Integration; A = Assimilation; R = Rejection

**Factor analysis: Acculturated versus unacculturated group**

Table 4 presents the results obtained for the factor solution for the acculturated and unacculturated groups. Procrustes rotation was conducted using the varimax solutions obtained in this study for the acculturated and unacculturated groups. From Table 4, it is evident that sufficient agreement exists between the acculturated and
unacculturated group. All five factors have coefficients of agreement above .89. The individual matrices indicate that for both groups Neuroticism, Conscientiousness and Openness to Experience (with the exception of Values) replicate clearly. Extraversion and Agreeableness have more variation in the loadings. Despite these loadings, with the exception of Aesthetics, Values, Straightforwardness, and Compliance, which have nonsignificant congruence coefficients, all other facets have congruence coefficients above .95, indicating agreement at the 0.05 level of significance. Aesthetics loads on the appropriate factor in both factor solutions but has a stronger loading in the unacculturated group. Values loads on the Openness to Experience factor in the acculturated group but does not load on any factor in the unacculturated group. Straightforwardness and Compliance load on Factor 5 for both solutions but the scales load positively in the acculturated group and negatively in the unacculturated group.

**DISCUSSION**

From the ANOVA analyses it is evident that significant differences occur between the Integration group and the Rejection group primarily. When significant differences are observed with the Assimilation group they are between the Assimilation group and the Rejection group. The Assimilation and Integration group show no differences. Hence, it can be concluded that acculturated individuals, those identifying with a host culture, do present with significant personality differences as compared to those who wish to maintain their ethnic cultural identity and reject that of the host culture. In this study, acculturated individuals were more likely to exhibit traits associated with Openness to Experience to a large extent and Extraversion and Conscientiousness to a lesser extent. Acculturated individuals are also less likely to exhibit tendencies associated with Neuroticism. This finding provides evidence for personality differences that are congruent with Padilla and Perez (2003) and Ryder, et al. (2000) who found that the mainstream subscale of the bidimensional model was associated with higher scores on Conscientiousness, Extraversion, and Openness to Experiences, as well as with lower scores on Neuroticism.

However, these differences do not conclusively say that acculturated and unacculturated individuals have innate personality differences. Within FFT, it is possible that acculturation does not always produce characteristic adaptations of personality. The tendency to acculturate or not may in itself also be a Basic Tendency. It is also possible that certain environments are more conducive to acculturation or that first generation versus second or subsequent generations could experience acculturation in different ways. Either way, the question for personality assessment in particular remains. If acculturated and unacculturated individuals differ on personality traits the possibility exists that these differences are evident due to the
<table>
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<th>ACCULTURATED</th>
<th>UNACCULTURATED</th>
<th>PROCRUSTES</th>
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<td>Factor 2</td>
<td>Factor 3</td>
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Table 4: Factor solution for the SAAS using varimax and procrustes rotation
various acculturation strategies and familiarity with the host culture in which the test was developed. Hence the decision to test whether there would be substantial differences in the factor structures of the acculturated and unacculturated groups.

From the factor structures it is evident that significant agreement occurs between the factor solutions to conclude that there are no significant differences between acculturated and unacculturated groups at the domain level. The five factor personality structure replicates clearly providing support for the Five Factor Theory which argues that the five personality traits of the FFM are universal and innate. However, some differences were observed at the facet level with replication of two Openness to Experience facets (Aesthetics and Values) and two Agreeableness facets (Straight forwardness and Compliance). Values and Compliance have generally been found to replicate poorly in the South African context (Laher, 2013; Quy, 2007). The lack of replication of Values has been attributed to the differences between the levels of subscription to individualist versus collectivist interpretations amongst South African individuals with the suggestion that Openness to Values is more relevant to individualist orientations rather than collectivist ones (Laher, 2013a). The findings with Compliance have been linked to a legacy of apartheid as well as to the current violence permeating South African society (Laher, 2010). Some items on the Compliance subscale for example are: 1) When I’ve been insulted, I just try to forgive and forget; 2) If someone starts a fight, I’m ready to fight back; 3) I hesitate to express my anger even when it’s justified (Costa & McCrae, 2010). Aesthetics and Straightforwardness have not traditionally been problematic facets. These findings warrant further research.

CONCLUSION

This study explored the relationship between personality and acculturation and found significant personality differences between acculturated and unacculturated individuals. However this did not seem to affect the personality structures of the acculturated and unacculturated groups with the five factor structure replicating clearly across the groups. However, the disagreement with four facets in the factor analysis suggest a possible link with contextual variables, most notably individualism and collectivism, and this would be a suggestion for future research. Given the possibility that items on the NEO-PI-3 might not be appropriate, further research is needed on the NEO-PI-3 that assesses the reliability and validity of its domains and facets. All of this research needs to be conducted on larger, more representative samples as this study was conducted on a volunteer sample primarily in the Johannesburg region. Future studies also need to be conducted on the SAAS to determine its applicability for the South African context given the findings of this study. Perhaps other acculturation scales can also be used to explore the relationship between personality and acculturation. This is a new area of research with a very
sparse body of literature on the NEO-PI-3 and the SAAS in the South African context. This study therefore paves the way for future studies in this area.

**BIOGRAPHICAL NOTES**

**Kimera Pillay** is the Academic Researcher in the R&D team at WorldsView™ Academy and has worked on the academic programmes since joining in March 2014. Kimera holds a BA honours degree in Psychology from the University of the Witwatersrand, as well as an undergraduate degree in Psychology and Anthropology. Kimera received a distinction in her honours degree in 2013. Kimera’s academic grounding, along with her work as a researcher, has enabled Kimera to analyse and critically assess any given task.

**Sumaya Laher** is an Associate Professor in the Department of Psychology, University of the Witwatersrand. Her research interests are in the field of psychological assessment, particularly personality theory and assessment, cross-cultural issues in relation to mental health and illness and the interface between religion and psychology.

**REFERENCES**


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The relationship between alcohol abuse and perception of parenting style among Zimbabwean adolescents

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bles1sing@gmail.com

ABSTRACT
The issue of alcohol abuse is not a new dilemma to baffle societies, however the fact that consumer age is on a fast decline has been. There are reports of children as young as 13 drinking themselves into oblivion and this epidemic seem to be gaining a stronghold in many communities. Researchers have attempted to determine the reasons why children are abusing alcohol and have attributed it to issues such as media influence, availability, and parenting styles. This study will focus on the effect of perceived parenting styles and alcohol abuse. It was hypothesised that a significant correlation exists between alcohol consumption and the three subscales of parenting style. A sample of 20 boys and girls, aged 14 to 18, was used as participants. Data was analyzed using ANOVA and the findings implicated that parenting style was a predictor of alcohol abuse in adolescence. Adolescence who viewed their parents as being authoritarian and permissive, scored higher on the alcohol intake test, compared to those who viewed their parents as authoritative.

Keywords: adolescence; alcohol abuse; early alcohol consumption; parent-child interaction; parenting styles; Zimbabwe

‘Seventeen year old drunk driver kills four in a fatal car crash.’ ‘Sixteen year old girl gang raped after a drinking spree with friends.’ These are the headlines that are now commonly bracing front pages (Harare News, 2013). The sad reality is that these incidences are no longer anomalies. Alcohol consumption is becoming increasingly prevalent among the younger generation. In fact, statistics clearly show that alcohol use is no longer a form of experimentation for the young, but has become the societal norm with many becoming binge drinkers (Youniss & Haynie, 1992). During the interwar period in the United Kingdom (UK), it was reported that 18-24 year olds consumed the lowest amount of alcohol in the population and was the group with
the highest likelihood of abstinence (Institute of Alcohol Studies, 2009). This trend, of not having alcohol as an integral part of youth culture, continued till the 1960s, when alcohol began to shape and play a significant role in youth culture (Institute of Alcohol Studies, 2009). By 1980, the same group of adults (18-24 years) had become the highest consumers of alcohol and the group with the lowest likelihood of abstinence (Institute of Alcohol Studies, 2009).

Decades later, this trend is rapidly growing, with the age of initiation fast declining (Institute of Alcohol Studies, 2009). In America, research has found that for under 21s, alcohol is the number one drug of choice, despite the fact that the legal drinking age is 21 (National Institute on Alcohol Abuse and Alcoholism, 2002). In fact, 25% of high school teenagers are binge drinkers, with at least a quarter having had their first drink at 13 years old. This however is not just a problem affecting the Western world. With the change in lifestyle and the erosion of traditional societies, it has permeated through to other parts of the world and has now become a global public health and social concern (Hawks, Scott & McBride 2002).

**Effects of alcohol consumption**

There is no doubt that there are adverse consequences of alcohol abuse, particularly at an early age. Worldwide, an estimate of 1.5 million people die due to alcohol related incidences (Institute of Alcohol Studies, 2009). Zimbabwe is not an exception and, despite the fact that there is a limited amount of up-to-date statistical records, there is no doubt that the problem exists and continues to grow (Cooper, 2009). A survey conducted in Zimbabwe at Harare Hospital, found that 28.4% of the treated patients were there due to incidences involving alcohol consumption, with over 1000 dying each year due to alcohol related incidents, and a further 3000 sustaining minor to serious injuries (Cooper, 2009).

Road accidents in Zimbabwe are the number one cause of teenage deaths, with 45% of them occurring because of impaired driving (Harare News, 2013). In fact, it has been found that drunk drivers between the ages of 16 and 21 years are twice as likely to be involved in fatal crashes as drivers that are 21 and over (Harare News, 2013). What’s more, because the brain is still developing at such a tender age, early drinking and binge drinking could have long lasting effects on a child’s intellectual capacity. That and the fact that it could lead to future alcohol dependence, which in most cases lead to liver and heart disease (Newsday, 2011). However, the effects do not only affect the consumer of alcohol as, due to impaired vision and concentration caused by high levels of alcohol, they are more susceptible to causing accidents which can cost their lives and the lives of other innocent people. Impaired judgment can also cause teens to engage in risky behaviours, such as violence, suicides, and not practising safe sex. The latter can make them prone to contracting sexually transmitted diseases and unwanted pregnancies, and can also make them vulnerable to predators which can lead to assaults and rape (Newsday, 2011).
Given this prevalence in consumption and the serious consequences associated with it, researchers have tried to identify and understand the factors that put adolescents at risk of engaging in this type of harmful behaviour (Youniss & Haynie, 1992). The reasons for alcohol abuse have varied, and so had their pattern. For example, a study by Cooper (2009) showed that children in urban schools drank more than those in rural schools and their main reason was easy availability. In fact, children no longer have to ask someone over 18 to purchase alcohol for them, as it is now readily available in homes, at social functions, and ‘drink ups,’ which are gatherings organized for the sole purpose of getting drunk (Newsday, 2011). This has led many researchers to examine the relationship between parenting styles and the probability of whether or not a child will abuse alcohol (Kusmierski, Nichols & McDonnell, 2001).

Parenting Styles

Researchers long concluded that the parent-child relationship, particularly the child’s perception of it, was pivotal in the psychological development and adjustment of a child (Safford, Alloy & Pieracci, 2007). In fact, the family unit was considered to be the most crucial factor in the introduction of risk and/or protective behaviours (Youniss & Haynie, 1992). Although the influence of peers was taken into regard and played a part in the influence of youth, it was found that the family unit was the biggest source of influence in the decisions made by adolescents (Youniss & Haynie, 1992). Yet, along with the decline of the age of consumption, over the years we have witnessed a decline in the traditional family unit. Whereas the norm has been for the mother to raise the children while the father goes to work, now not only do both parents work so as to support the family, but in some case they both work away from home. This leaves the children to either be raised by grandparents, aunts, or in worse case scenarios, the older sibling. There is no doubt that there can be numerous reasons why children as young as 9 are experimenting with alcohol and why 13 or 14 year olds are regular drinkers and in some cases binge drinkers. This proposal is, however, going to narrow down the scope to the effect parenting styles can have on early alcohol consumption and abuse.

Diane Baumrind (1991) noted three different types of parenting styles namely, Authoritarian, Permissive, and Authoritative. According to Baumrind (1991), authoritarian parents use high levels of control and restrictions in their dealings with their children and expect total respect and obedience. In situations where there is a conflict of opinions, authoritarian parents restrict autonomy and expect their word to be the last word. The authoritarian parent expects the child to yield to his set standards and views himself as the higher authority that expects total submission and respect (Baumrind, 1991). Failure to comply is usually met with strict and forceful measures which ensure that the set out rules are followed and conflict is resolved (Baumrind, 1991). The authoritarian parent believes in ‘keeping a child in his place,’
and displays little or no regard for the child’s autonomy.

The extreme opposite of authoritarian is permissive. Permissive parents do not play a significant role in shaping a child’s behavioural patterns as they are not controlling or demanding, and do not have set boundaries. They are, however, warm and loving (Cohen & Rice, 1997). The permissive parent sways away as much as possible from punishing the child (Baumrind, 1991). He encourages the child to carry out his impulses and desires; therefore he does not set solid rules of expected behaviour (Baumrind, 1991). The parent is not demanding as far as responsibility and behaviour are concerned, and does not believe in exercising control over the child so as to shape behaviour (Baumrind, 1991).

The middle ground of these two extremes is authoritative. Authoritative parents tend to be more expressive, involved and reason with their children concerning punishment, rules and boundaries (Baumrind, 1991). The authoritative parent favours the use of rationale over coercion to direct behaviour (Baumrind, 1991). The parent involves the child in decision making, and has a ‘give and take’ stance when setting rules and boundaries (Baumrind, 1991). The parent is firm yet not strict, he values the autonomy of the child, thus lets the child express his concerns (Baumrind, 1991).

**CURRENT STUDY**

**Method**

This quantitative study sets out to find whether falling into a certain parenting style could predict early alcohol consumption and abuse in school aged children. It has been hypothesised that parenting styles have an effect on the onset and abuse of alcohol in children.

**Participants**

Twenty participants were purposefully selected for this research. The participants solicited for the study were aged between 13 to 18 years, representative of secondary school pupils. Due to their age, permission was obtained from the parents or guardians of the participants. They were 10 girls and 10 boys, and all have consumed alcohol, though the levels varied.

**Measures**

Participants anonymously completed three questionnaires. One assessing their perception of their parents parenting style and the other their drinking habits. Participants also filled in a demographic questionnaire noting information about their sex, age, race and year in school.
Children’s report of parental behaviour inventory (CRPBI)

The CRPBI-30 is a self-report measure of a child’s perception of parenting behaviour. It was originally developed by E. Schafer in 1965, and was later shortened by Schludermann and Schludermann in 1970 from 108 questions to 30 questions for each parent. The measure was administered twice, once for each parent. The scoring was based on a Likert three-point scale of measurement, which ranges from Not Like (NL), Somewhat Like (SL), to A Lot Like (LL). The internal consistency of these scales ranged from .81 to .94. The coefficient alpha for the scales ranged from .79 to .94.

Alcohol Use Disorders Identification Test (AUDIT)

Their drinking pattern was assessed by a measure developed by the World Health Organisation (WHO) in 1982. The measure is used to identify persons with hazardous and harmful patterns of alcohol consumption. It consists of 10 questions about recent alcohol use, alcohol-related problems and alcohol dependence symptoms. The AUDIT is the only screening test that was specifically designed for international use. It is brief and easy to understand. Unlike other screening test, it is intended for early identification of harmful drinking as well as alcohol dependence. The test was evaluated by researchers for more than two decades therefore it is highly valid and reliable ($r=.86$). The sample questions in the tool are (1) How often do you have a drink containing alcohol and, (2) Have you or someone else been injured as a result of your drinking?

Demographic Information

Participants filled in a brief form stating their race, gender, and age.

Analysis

The data was collected from all participants. The parenting styles were calculated as indicated in the inventory and the totals were recorded for each participant. The same was done for alcohol consumption questionnaire. Participants were grouped according to which parenting style scored the highest on their question sheet. Then in these groups, current alcohol use, and binge drinking habits were assessed. Each of these measures was examined across parenting styles using one-way ANOVA.

RESULTS

There was a statistically significant difference between the three groups as was determined by the one-way ANOVA $F(2,17)= 99.06$ p<0.05
Table 1: Descriptive Statistics

<table>
<thead>
<tr>
<th>Parenting Style</th>
<th>No of P’s</th>
<th>Total on Alcohol Scores</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authoritarian</td>
<td>7</td>
<td>192</td>
<td>27.4</td>
</tr>
<tr>
<td>Authoritative</td>
<td>7</td>
<td>26</td>
<td>3.7</td>
</tr>
<tr>
<td>Permissive</td>
<td>6</td>
<td>83</td>
<td>13.8</td>
</tr>
</tbody>
</table>

Table 2: Statistics on alcohol intake and subscales of the CRPB

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Grps</td>
<td>1980.97</td>
<td>2</td>
<td>990.49</td>
<td>99.06</td>
<td>3.59</td>
</tr>
<tr>
<td>WithingGrps</td>
<td>169.98</td>
<td>17</td>
<td>9.99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2150.95</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DISCUSSION

According to the AUDIT Test, 0–10 is ranked as low intake, 11–20 as medium intake and 11–30 as high intake. Of all the participants, those that ranked their parents as Authoritative had the lowest mean alcohol consumption, with an average of 3.7, and on average had two alcoholic drinks per month. In this group, the highest scorer had a score of 5 out of a total of 30. The group that ranked their parents as being permissive had an average of 13.8. The participants that perceived their parents as authoritarian had the worst drinking habits with the majority having started drinking at a young age, and an average score of 27.4 on their AUDIT test. They also reported drinking on average six drinks per week. The highest scorer in this group had an alarming score of 28 out of 30. The ANOVA test showed that there was a considerable difference in alcohol intake among all the three groups and thus, as predicted by the hypothesis, parenting style does have an effect on child’s drinking habits.

The purpose of this study was to examine the relationship between scores on the CRPB and scores on the AUDIT and to further predict the level of alcohol intake on the three subscales of the CRPB. The results obtained supported the hypothesis. There was a correlation between the alcohol intake scores and the parental style. The correlation was negative, as the scores for parental behaviour decline, alcohol consumption increases. When analyzed individually, all the subscales of the CRPB had an influence on the intake of alcohol. However, for the majority of the participants (80%) acceptance from their parents did not have a major impact on their drinking habits. In the case of the other 20% rejection from the father was regarded as a factor, and the majority of the participants in this pool were male.
Psychological anatomy was only a predictor when it was not consistent for both parents. The participant had low alcohol intake scores only when they viewed both parents as not psychologically controlling. The same applied for firm control, when parents were seen as contradicting themselves in their levels of control, the alcohol intake score was high. Also where parents were too controlling the alcohol intake scores were high. Parents thought of as being Permissive had a positive correlation with alcohol consumption, the more Permissive the parents, the more alcohol the child consumed. However, parents that were thought of as Authoritative negatively correlated with alcohol consumption.

The results of the present study have been supported by previous research. Parenting high on hostility and low on warmth was associated with a higher probability of alcohol use and abuse (Johnson & Padina, 1991). Parenting which did not set boundaries or enforce rules also predicted greater risk of alcohol abuse (Jackson, Henriksen & Dickinson, 1999). On the other hand, parents that were warm, reasoned with their children on boundaries set, and provided positive feedback predicted lower alcohol abuse (Jackson, Henriksen & Dickinson, 1999). Cohen, Richardson and LaBree (1994 cited in Kusmierski, Nichols, & McDonnell (2001). also concluded that parenting styles could be linked to the onset of alcohol abuse in children and adolescents. Cohen and Rice (1997) found a correlation between adolescents drinking and perception of parents, those who drank more perceived their parents as being demanding and those who drank less perceived their parents as warm and loving.

LIMITATIONS AND FURTHER RESEARCH

The findings of this study are a very crucial factor in helping parents understand how their parenting style can influence their children’s decision-making concerning future drinking patterns. The greatest limitation in this study was that the pool of participants was a small number, thus it is difficult to generalize the findings to the whole population, as they are not representative of the population. Another limitation concerns the truthfulness of the answers submitted by the participants, as the questionnaires were long and fatigue could have come into play making them rush through the questions. This could potentially have heavy implications on the overall findings of the study. In a replication of the study, participants who are representative of the general population should be used to make the finding more accurate when generalizing to the general population. For future research, factors such as cultural difference could be examined, as well as social and economic, and geographical background. It would be interesting to see whether the same results can be found between children in urban and rural areas for example.
CONCLUSION

Alcohol abuse among Zimbabwean adolescents is associated with parenting style. On one hand, the use of high levels of control and restrictions when dealing with children, made them more prone to abuse alcohol, and at an early age. Also, the failure to provide rules and guidance from permissive parents made the children more prone to pressures to begin drinking at an early age. Authoritative parents tended to be more expressive and reasoned with their children concerning punishment, rules and boundaries. Consequently, authoritative parenting resulted in higher pro-social behaviour, and children were the least likely to engage in alcohol abuse. These finding suggests that warm and loving parenting fosters a higher self-esteem, behavioral control, and reduces the chances that the adolescent will succumb to peer pressure. On the other hand, the parents that are not warm or loving foster low self-esteem and children are thus more likely to succumb to peer pressure, making them prone to alcohol misuse.

BIOGRAPHICAL INFORMATION

Blessing Chirisa. I have always had a profound interest in working on the development of children and young adults, focusing especially on matters that affect their development. It is of greatest pleasure to be able to share this interest with others by receiving an opportunity to publish my work. I see this opportunity as giving a voice to those that do not have one and I consider it to be a really great privilege. I hope to continue researching and writing articles on what affects today’s youth and I hope that one day this will affect government policies that are currently in place.

REFERENCES


The Relationship between Projected IQ from QEEG and Neurocognitive Ability

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ABSTRACT

Intelligence Quotient (IQ) scores are used as a measure to predict intelligence through a series of tests. Studies show that various methods can be applied in order to acquire ones IQ score. Of key interest, new technology such as the use of an electroencephalograph (EEG) can be used. An EEG is a computerized recording of the electrical activities of the brain, and with one reading it is able to give an assessment of the brain as well as the IQ scores. This is important because it could mean that instead of having people undergo a battery of tests in order to acquire an IQ score, one intervention can be utilized – the EEG. Currently, there is minimal discourse regarding the relationship between an EEG’s projected IQ scores and neurocognitive functionality. Potential for neurocognitive ability can be measured through scores of tests, which are used to determine IQ and these are usually administered by a registered professional. The aim of this paper is to bring to light the ability of the EEG to measure IQ as well as to highlight the benefits of using EEG measurements for IQ rather than the conventional ways of testing. This can be done by collecting QEEG measurements of projected IQ which has three categories namely, global, verbal and nonverbal intelligence and then correlate these scores with scores attained from conventional tests with similar categories. Research that has been previously done confirms this paper’s preliminary hypothesis in finding significant correlations between EEG and intelligence, thus demonstrating predictive ability of EEG to measure neurocognitive performance.

Keywords: Electroencephalogram (EEG), Intelligence Quotient (IQ), neurocognitive performance, projected IQ, global intelligence, nonverbal intelligence
INTELLIGENCE

Intelligence has been a focus of research for many years and considerable efforts have been made in order to understand it. The exact definition of intelligence has been a point of interest and controversy for a long period of time (Groth-Marnat, 1990). The reason for this is that intelligence is an abstract concept and it does not have an actual basis in concrete, objective and physical reality. Numerous individuals have attempted to define intelligence and one of the earliest definitions were given by Alfred Binet and Theodore Simon (1916 as cited in Groth-Marnat, 1990) who described it as:

‘...judgment, otherwise called good sense, practical sense, initiative, the faculty of adapting one’s self to circumstances. To judge well, to comprehend well, to reason well, these are essential activities of intelligence.’

Binet had come up with a model of intelligence that has been heavily researched to present day (White, 2000). He viewed intelligence as consisting of layers and complex functions that were placed at higher levels while simpler functions were placed at lower levels (White, 2000). A more well-known person in the line of intelligence is Wechsler and he considered intelligence to be a global concept that involved an individual’s ability to act purposefully, to think in a rational manner as well as to deal effectively with his environment (Groth-Marnat, 1990). The reason why it is so important to get a clear conceptualization of intelligence is so that the tester can fully appreciate the complexity of what it is that they trying to evaluate (Groth-Marnat, 1990).

In 1904, Binet sought government funds in order to develop a tool that would be able to distinguish people that are capable of learning at normal rates from those that are in need of slower-paced educational programs. In the first decade of the 20th century, Binet and Simon (1916) put forward a scale called, ‘Measuring Scale of Intelligence’ that was used to ascertain children’s readiness for school. Spearman on the other hand, was more concerned with what it was exactly that intelligence tests were supposed to measure (White, 2000). He also indicated that a general factor, ‘g’ factor, is common to all types of intellectual activity. What Spearman emphasized is that different tests of intelligence were greatly correlated and that individuals who dealt effectively in one area were generally effective in other areas as well. This meant that there is a ‘g’ factor operating that serves to integrate and enhance most of a person’s abilities (White, 2000).

Intelligence Quotient (IQ)

Later, Terman revised the Simon-Binet theory and the notion of intelligence being measured by an intelligence quotient (IQ) was put into consideration. Since that time,
IQ has been thought of as a direct reflection of one’s intellectual ability. IQ is used as a standardized measure of human intellectual capacity and it takes into account a wide range of cognitive skills (White, 2000). Generally, IQ is considered to be stable across the lifespan and scores of IQ can be used to predict educational achievement, employment prospect, and general level of intelligence (Wechsler, 1990).

**Measures of Intelligence**

So far, the Stanford-Binet test and the Wechsler scales have dominated the assessment of intelligence. In the 1930s, Wechsler began studying a number of standardized tests and selected 11 subtests to form his test battery (Posthuma, Neale, Boomsma, & de Geus, 2001). Wechsler states that professionals who use this test and any other measures of intelligence should avoid equating test performance with general intelligence (Wechsler, 1990). Scores that are acquired from the performance and verbal subtests yield the performance IQ and the verbal IQ respectively. The scores on both the groups combined yield the full IQ. Table 1 below indicates the two types of scales and their subtests.

<table>
<thead>
<tr>
<th>Verbal Scales</th>
<th>Performance Scales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information</td>
<td>Object Assembly</td>
</tr>
<tr>
<td>Comprehension</td>
<td>Geometric Design</td>
</tr>
<tr>
<td>Arithmetic</td>
<td>Block Design</td>
</tr>
<tr>
<td>Vocabulary</td>
<td>Mazes</td>
</tr>
<tr>
<td>Similarities</td>
<td>Picture Completion</td>
</tr>
<tr>
<td>Sentences*</td>
<td>Animal Pegs*</td>
</tr>
</tbody>
</table>

*Animal pegs and sentences are optional subtests

Typically, when assessing IQ in both adults and children, the Wechsler Adult Intelligence Scale (WAIS) and the Wechsler Intelligence scale for Children (WISC) are used, respectively. The Wechsler Abbreviated Scale of Intelligence (WASI) is quick and, according to Posthuma et.al. (2001), is a reliable measurement of intelligence that is used in a variety of clinical and educational settings. According to the manual, when attempting to estimate IQ and a full evaluation is not possible this test is the most appropriate (Wechsler, 1990).

**Advantages of IQ testing**

IQ tests are excellent predictors of learning ability; therefore they can be used to predict how well a child will perform at school. IQ tests are also useful in that
they can help to identify individuals that may need extra help at school or students that must be placed in advanced classes (Groth-Marnat, 1990). Another advantage is that intelligence tests provide valuable information about an individual’s cognitive strengths and weaknesses. They are important for researching – as well as understanding – things like the effect of environmental variables on cognitive functioning (Groth-Marnat, 1990). Through the interaction between the examiner and the individual, an initial impression can be made of the individual’s self-esteem, anxiety, social skills and motivation while intellectual functioning is obtained at the same time. With these in mind, it can be understood that intelligence is an important tool to acquire as it assists in all these instances (Taljaard & Owen, 1996).

Disadvantages of IQ testing

Intelligence tests have been said to have some limitations and many of these tests are still under review today (Ireland, 2010). There are several factors that could lead to a less than accurate score of IQ which could result in detrimental outcomes for the test taker. That score is said to determine their job application for example, and because of a ‘bad day’ they may not get the job in the end (Ireland, 2010). A bad score can be attributed to the way that a person is feeling on that day, or even to the surroundings in which they find themselves when writing the test.

IQ tests also take a long time to administer as it is done using a battery of tests. This may leave the patient tired so that later tasks scores are less than valid (Groth-Marnat, 1990). Intelligence tests can be used to classify children into certain categories which will then limit their freedom to choose particular fields of study (Groth-Marnat, 1990). IQ tests are also likely to place creative individuals at a disadvantage because they have an inherent bias towards emphasizing convergent, analytical and scientific modes of thought (Groth-Marnat, 1990). There are a few other disadvantages that are discussed briefly below.

Socio-economic Status (SES): The question of the extent to which socio-economic status affects test bias has become increasingly important to psychologists over the years. People of a low socio-economic status cannot afford to send all their children to school and even the ones that are in school may not have the same opportunities or be exposed to as many things as children with a higher socioeconomic standing. Therefore, the tasks presented to them in IQ testing may be strange to them or regarded as unimportant, resulting in poor performance.

Culture

Being a part of a particular culture stimulates a particular form of cognitive development and this means that intellectual abilities are bound by culture (Taljaard & Owen, 1996). Many different researchers point out that although the components of cognitive systems are found in most cultures, there have complicated connection
systems and certain deviations occur as a result of specific characteristics of a particular (e.g. literacy) of a particular culture (Taljaard & Owen, 1996). The language used in a particular test must be such that everyone understands what is expected of them in a given situation (Taljaard & Owen, 1996). If this is not the case, then it contributes to ‘cultural bias.’ The language differences between the person taking the test and the person administrating it can also pose a problem (Ireland, 2010). The translation of tests can give rise to numerous problems in respect to concepts, cultural interpretation and connotations (Taljaard & Owen, 1996). Difficulty in performing culture appropriate intelligence tests is a problem across the world; however, some researchers have attempted to formulate assessments that are appropriate for their cultures.

South African Context

In South Africa there are other, more culturally specific, tests that are used to measure intelligence when the Wechsler tests cannot be used (van Eeden, 1992). The Senior South African Individual Scale – Revised (SSAIS-R) is one such test. It is a battery of 11 tests that each measures a facet of general intellectual ability (van Eeden, 1992). Nine of the tests are combined to form three scales, namely the Verbal, Non-verbal, and the Full Scale where IQ scores are calculated respectively. The SSAIS-R consists of two verbal tests (Similarities and Number Problems) and two non-verbal tests (Block Designs and Missing Parts). This test, like the Wechsler tests, can be used to assess an individual’s general level of intellectual ability and then be compared with those of others in their particular age group. In essence, these scores provide diagnostic and prognostic information (van Eeden, Robinson, & Posthuma, 1994). As the name suggests, this test is used for adults. Younger children’s intelligence is assessed with tests such as the Junior South African Individual Scales (JSAIS) (van Eeden, 1992). These tests were constructed in response to a need for an intelligence scale that would provide a profile of the preschool child’s abilities and they were published in 1981 (van Eeden, 1992).

Neurological-Biological Approaches

Approaches to understanding intelligence all assume that there is an underlying neurological substrate on which intelligence is eventually dependent (Wechsler, 1990). Therefore, it is important to conceptualize in some way the neuroanatomical and neurophysiological processes underlying the behaviors that are discussed as being intelligent (Groth-Marnat, 1990). Halstead proposed a theory of biological intelligence and he indicated that a number of brain functions that relate to intelligence are relatively independent of cultural considerations. More contributors to the biological approach are Cattell and Hebb and they conceptualized the idea of fluid and crystalized intelligence as well as the idea of A and B intelligence,
respectively (Groth-Marnat, 1990). Hebb referred to intelligence A as being innate, biological and directly tied to brain function which requires an intact nervous system. Cattell offers something similar which he termed fluid intelligence and is dependent on the brain’s efficiency and relative intactness. These two terms are primarily non-verbal and independent of culture and can be measured by tests such as figural analyses, number/letter series and so forth (Posthuma, Neale, Boomsma, & de Geus, 2001). Intelligence B according to Hebb (1972) is based on experience and can be reflected in the extent of a person’s accumulated knowledge. Castell referred to this as crystalized intelligence and suggested that it is relatively permanent and generally less susceptible to effects of brain damage. This is the dimension of intelligence that most tests measure. These neurological bases of intelligence are also studied using brain imaging techniques.

**Brain Imaging Techniques: EEG**

Brain imaging techniques allow doctors and researchers to view activity or problems within the human brain, without invasive neurosurgery. There are a number of accepted and safe imaging techniques in use today in research facilities and hospitals throughout the world (Demitri, 2007). These include the magnetic resonance imaging (fMRI), computed tomography (CT), electroencephalograph (EEG), positron emission tomography (PET) and magnetoencephalograph (MEG). These and many other neuro-imaging techniques have the capacity to reveal changes in the brain as it engages in brain activity (Mureriwa, 2011). Despite the arrival of modern neuroimaging techniques, the EEG still remains the main tool for investigating brain functioning in normal healthy humans (Anokhin & Vogel, 1996). Therefore, the focus of this paper will be on the EEG.

*What is it?*

All living brains produce electricity, which is detectable on the scalp or the surface of the head (Mureriwa, 2011). An EEG is a computerized recording of the electrical activities of the brain. EEGs are frequently used in experimentation because the process is non-invasive to the research subject. The EEG is capable of detecting changes in electrical activity in the brain on a millisecond-level (Demitri, 2007). It is one of the few techniques available that has such high temporal resolution. The object of the EEG is to measure the distribution of electrical potentials over the scalp. Quantitative EEG (QEEG) that uses digital analysis through computers was developed in the 1960s and was motivated by the low sensitivity and low inter-rater reliability of eye-ball examination for non-epilepsy cases (Thatcher, 2012). The exact definition of QEEG is very broad and pertains to all numerical analyses such as EEG coherence, phase measures and amplitude.
How it works

In order for an electrical activity to be recorded, the clinician or technician places electrodes on specified locations on the patient’s head according to the 10-20 system. There are 21 scalp locations when using an EEG cap (Fp1, Fp2, A1, A2, Fz, F3, F4, F7, F8, Cz, C3, C4, T3, T4, T5, T6, O1, O2, Pz, P3, and P4). The computer screen will show the different waves as recorded from the EEG cap corresponding to each of the 21 locations. The quantitative analysis of the EEG can allow the clinician to derive certain measures that can – among other things – infer the cognitive abilities of a given patient (Mureriwa, 2011).

EEG Measurements and Intelligence

Coherence, according to Thatcher, North, & Biver (2005), is a statistical measure of phase consistency between two-time series. In other words, coherence measures the extent to which two brain locations work together (Mureriwa, 2011). This is done by comparing the shape of the brain waves at two locations. In a study conducted by Thatcher et al. (2012), coherence was more strongly correlated with IQ than were the power measures of EEG. What this indicates is that the network properties of shared information as reflected by the EEG were, in this study, the most predictive of IQ.

Phase lag can be defined as a measure of the speed of communication between different brain sites (Mureriwa, 2011). Phase angle can then be defined as the lag delay between a two time series. Thatcher (2012) found that the shorter a person’s phase delay is, the higher their IQ.

EEG amplitudes are simply the size or height of the brain waves in microvolts while EEG power refers to the amount of energy in each frequency at each location of electrodes (Mureriwa, 2011). EEG recordings of absolute power were positively correlated with full scale verbal and performance IQ (Posthuma, Neale, Boomsma, & de Geus, 2001). What this means is that the higher the absolute amplitude or power of the EEG then the higher the expected IQ (Thatcher et al., 2005).

Anokhin and Vogel (1996) conducted a study that aimed to show alpha rhythm frequency as being positively related to mental abilities in a normal adult population and that the relationship that would be found would vary with specific abilities and brain regions. The outcome of the study gathered that the frequency of alpha rhythm is significantly related to cognitive abilities (Anokhin & Vogel, 1996). This is consistent with a study conducted by Klimesch (1999) that said that within the alpha frequency range EEG power is positively correlated to cognitive performance. Another study found that non-verbal IQ in particular was significantly correlated with alpha (Polunina & Davydov, 2006). This study concluded that EEG spectral parameters may predict performance on WAIS. Finally, another study hypothesized whether alpha power in different sub-bands (in other words lower 1, lower 2 and
upper alpha) is in any way related to intelligence (Doppelmayr, Klimesch, Stadler, Pöllhuber, & Heine, 2002). The study found strong positive relationships between the intelligence and alpha power (Doppelmayr et.al, 2002). The use of the EEG to measure IQ is not yet a well-researched area, thus the scope of this literature review is limited to research that was conducted that shows the link between certain EEG phenomena and specific areas of intelligence.

METHOD

These studies were all done by using EEG recordings during the administration of the intelligence tests. For the purposes of this research, I propose that participants of all races, ages, socioeconomic status and educational levels should undergo conventional IQ testing in order to attain their IQ scores. Thereafter, each of these individuals should undergo EEG testing and their predicted IQ scores must be recorded. The EEG should yield a tabulated list of predicted scores of cognitive performance. The list gives 11 predicted scores from tests that are done when a test is done manually. The last three neuropsychological tests on the list are full IQ, verbal IQ and Performance IQ. These scores should then be compared to the manually done tests in order to see if they yield similar results. This data would then be used as a platform to determine whether or not the EEG projected reading of IQ is accurate.

Importance of EEG measuring IQ

- There is no cultural bias with the EEG as brains are more or less similar. This is a salient problem with conventional testing methods and using the EEG would eliminate this problem altogether as cultural appropriateness would not qualify.
- Another advantage is that EEG testing would be less time consuming than conventional testing. People would not have to spend half the day doing tests as an EEG would take 15 to 20 minutes at the most to be administered.

As with any studies, there are limitations to the EEG’s capabilities of measuring IQ. One such limitation is that the EEG is only able to give a present projection of IQ. This means that it cannot depict previous cognitive abilities. Another is that, during the EEG, there should not be any electrical interference as this will taint the results. The person being assessed should also not be too tired during the test; otherwise slow waves may be misinterpreted as being a slow learner when the waves are only being slow as a result of being sleepy.

CONCLUSION

As there is little discourse on the abilities of EEG to measure IQ, this essay is meant to serve as grounded theory (setting a basis for future researchers to develop the
hypothesis) for future practice. Future studies must be done in order to infer the reliability and validity of QEEG in measuring IQ. Previous research has shown that there are positive correlations between various numerical QEEG readings and intelligence. It can be seen that when measuring QEEG apart from all other findings, IQ can also be seen. EEG does not have to be the pinnacle of IQ tests; however, it can serve as a proxy. The apparent gap between conventional intelligence tests’ measures of IQ and the QEEG projected measures of IQ suggests future opportunities for research.

BIOGRAPHICAL NOTES

Davidzo Mashiri is an Assistant to the Psychometrist at Biofeedback Laboratories in Tshwane, South Africa. She graduated from the University of Cape Town (UCT) with a Bachelor of Social Science degree in Psychology and Media and Writing in 2012. The following year, she graduated from the University of South Africa (UNISA) with an Honours degree in Psychology. She is currently working towards her Master’s degree in Psychology at Unisa. Her ambition is to achieve a doctorate in the same field. She has a passion for children, education and neuropsychology. While at UCT she was a volunteer in the SHAWCO organisation where she tutored children from underprivileged backgrounds.

REFERENCES


Does mental health care really care for mental health? A personal reflection

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ABSTRACT

The phrase ‘psychology in action’ may automatically surface positive connotations to the effects of psychological interventions. However, the fact that something is ‘in action’ or moving, that someone is ‘doing something’, does not automatically indicate favourable outcomes. Misled or badly executed actions can be damaging. Psychiatric care facilities exist primarily to treat the psychological and psychiatric difficulties faced by individuals. Even before the appointment with the therapist and doctor, the mere existence of a psychiatric facility represents ‘psychology in action’. Everything from the appearance of the building to the attitude of the staff contributes to how the facility is putting psychology into action. Therefore, from the moment one is admitted to a psychiatric institution ‘psychology in action’ begins to influence the patient. Theory and therapeutic techniques are essential for effectively putting psychology into action. Indeed, a plethora of information exists regarding the academics of psychology. However, how often are mental health care practitioners made to look at the reality of their patients and clients’ genuine, lived experiences of psychology in action? It is this question which, in light of personal experience, will be kept in mind while reflecting on the subjective experience of both a damaging, and subsequently effective experience of two psychiatric institutions.

Keywords: Effective care, ineffective care, mental health care, psychiatric admission, psychiatric clinic, psychiatric patient, psychiatric facility, psychiatric hospital, psychiatric hospitalisation, Does Mental Health Care Really Care For Mental Health
Although I am only a foetus in the world of academic psychology, my journey of being a client or patient of psychological treatment runs deep. It is the personal awareness and experience about the influence that every detail of being admitted and staying in a mental health care facility has on a patient which encouraged me to write this narrative – to provide a view of mental health care from the client’s perspective. At first this account may seem to be a diatribe about the negative effects of mental health care. However, it will also bear testimony to the reality that effective mental health care can be a life-saving and beautiful healing tool.

This account is based on a presentation given at a student’s conference, which was themed ‘psychology in action’. So perhaps you could take a moment now to think about the exact point at which psychology is put into action during the process of admitting a patient to a psychiatric facility. Is it when they have their first consultation with the psychiatrist, or perhaps when they attend a group session facilitated by a therapist or counsellor? Or is it the moment that person steps through the doors of the clinic or ward, sees the receptionist, meets various staff members, and has a blood pressure band strapped around their arm? Ask yourself: Does simply putting something into action automatically make it a good thing? More importantly, when psychology is put into action in the wrong way, how damaging could it be?

Over the course of the last 5 years, I travelled a twisty and personal road of both physical and, more relevantly, mental health challenges. Bipolar and post-traumatic stress disorders are a part of my everyday life – as are physical difficulties that can at any time adversely affect the medication stability I rely on. So, although I have been admitted into psychiatric institutions for purely psychiatric reasons, I have also been admitted during times when I’ve been very ill physically but cognisant enough to reflect on and observe the effect that admission has had on me and on my fellow patients. My interaction with other patients has enabled me to also reflect back on my admissions, which took place in the greatest throes of my mental instability.

Through my various hospital stays and the many, many subsequent hours spent with health care professionals, ranging from psychologists and psychiatrists to neurologists, surgeons and endocrinologists, I have developed an acute awareness of the frequency with which people possessing rich experiences and abilities are reduced to nothing more than a label. On admission, ‘patient’ or ‘client’ is often what primarily identifies those admitted.

Over the years, I have relied on my keyboard and the outpouring of my thoughts onto it to help me understand and make meaning out of the situations I have experienced. Consequently, I unintentionally documented each ‘up’ and each ‘down’, each experience of this journey, beneficial or not – including hospital admissions.

At this point I would like to request you, the reader, to reflect on a few of my journal extracts, which explain the mental state of mind in which I was during various admissions to hospital. On reading these accounts, other patients have resonated with my feelings. And so, as you read, forget that I am reflecting my own
experience and in your mind’s eye imagine that this is you; try and feel it as if these words are your own.

I’m scared. I’m tired of being scared. I’m tired of wanting to hurt myself. I’m tired of fighting the urge. I’m tired of the guilt from failing. I’m tired of trying and trying and trying. I’m tired of the finishing line being a mirage. Imagining not being here is not what I want to see. But I find the images flashing over and over in my mind (Personal journal, April 2010).

So I don’t know what to do. I’m not thinking straight. Everything seems blurred between a haze of panic, the past, anxiety, and drugged fog. I just want this all to stop. I don’t know what to do. (Personal journal, May 2010).

So when you are in the midst of a psychological sandstorm, a hurricane of mental missiles, what does an admission look like that induces fear, anxiety and terror? In my case it resulted in these thoughts:

Clinic Daunting (name has been changed): There are people whose spirits are broken and bruised, people who realise that they need help and are willing ask for it. And when these ones arrive at a ‘professional’ institute, should they not be made to feel secure, that this is a sanctuary of rest and healing? Should the environment not wrap around them a confidence that would help unhealthy cravings abate instead of making those cravings and urges rush in and overwhelm every fiber of their being? Should they not be greeted decently by a person and shown around to help to find a sense of comfort in their new and very strange environment? Or is right for them to be shunted from one person to the next? Having to provide answers to painful questions to complete strangers who have not even introduced themselves, being left in a corridor, with a blood pressure band around their arm and a thermometer shoved in their armpit with no explanation? Is it fair to just be informed there will be meds waiting for you at 21:00 with no information about what they are and no consideration for the side effects they may have? I’m at a loss to understand where the word ‘care’ fits into the term Health Care (Personal journal, May 2009).

At this point the ‘psychology in action’ my mental health care facility was providing me did not come from doctors and therapists; I was only scheduled to meet those individuals many hours later. Rather my psychological state was being acutely impacted by the care of the other staff: Two nurses engrossed in their own conversation who physically dealt with me roughly and, aside from the mandatory health questions, explained nothing to me and only demanded that I reveal any and all sharp or dangerous objects and medication I might have in my luggage or on my person. I was informed that all my belongings were subject to searches at any time and hence should I attempt to lie to them there would be negative consequences and reduced privileges. Today I understand the context of what they said, I do not for a
moment deny the importance of their words, but it is the manner with which I was dealt with. At this point I had no knowledge that I even had ‘privileges’ or what the ‘consequences’ would look like – aside from sounding fear inspiring. My already fragile mental state was thrown into a frenzy of panic and terror. What if I had missed a tiny tablet that had slipped into a fold of my bag? Was my clutch pencil a ‘sharp object’? Was my string of plastic beads a ‘dangerous object’? What if they found these things the next day, how would they punish me? Panic attack after panic attack ensued. So, in your own heart, did this mental health care facility really care for my mental health?

Now, in the context of a state of immense mental fragility, place yourself in front of your assigned doctor or therapist in the mental health care facility, a person you may only have met once before or perhaps not at all. Sense what it is like to feel expected to open up to a stranger whilst in a state of panic. And then try and imagine which approach you would find most beneficial.

I’m trying again to assimilate the words ‘I don’t want you to be nervous for these sessions’. The reality? I am trying to get thousands of butterflies in my stomach to simply fly in formation, not to mention disappear completely.

However, how do you not be nervous, be just fine, be valiant when you know that facing you are conversations about the deepest, most personal, intimate, terrifying, confusing moments in your life? Yes fine, the details are going to be given over to a ‘professional’, ‘excellently skilled’ in dealing with these kinds of ‘situations’. But does this imply that by virtue of a profession you shouldn’t view the professional in front of you as an ordinary person? No it doesn’t. And in every relationship, with any person one meets, a level of trust is involved. Trust built over time and generally not because of impressive certificates and an occupation description on a business card. One needs to be able to trust that your integrity, emotions and reactions will be handled with care and not scribbled down on a patient file for reference purposes only. Trust is feeling that you are more than a few pages of notes. How can I trust someone when I am a ‘case’, with a ‘file’, a set of ‘symptoms’, needing a ‘diagnosis’? Does the fact that you have the label of ‘patient’ mean that you lose your status of ‘person’, something or perhaps someone beyond a yellow file, with medical aid numbers, and alternative contacts? I struggle to place my hurt and heartache into the category of another’s commodity.

I struggle to trust someone when I feel that my most intimate details need to be handed over as simply part of a ‘vocation’. It makes me feel defensive and guarded (Personal journal, May 2010).

The picture I have painted until now seems exceedingly gloomy. But there are mental health care facilities that really do care for mental health from the moment you walk through their doors. Consider this extract written fairly recently – a comparison of two admissions, in two different facilities:
There is something that has become clear to me over the course of this journey and the many hospitalizations I have been through. The vast majority of patients admitted into the general program of a psychiatric clinic share a common emotion; perhaps it could even be called a conviction. This is a pervading sense of being valueless, feeling that no part of you has any worth.

For me, the contact one has in the first few hours of admission is vital to the motivation I have regarding my healing during hospitalization. My memory of the experience I had during the few hours I spent at Clinic Daunting, even though they are extremely hazy and disjointed, are of punishment. Every person I met, the doctor as well as the nurses, left me feeling that the reason I had been admitted was that I was a failure as a human. I’ve thought about the feeling time and again recently. I wondered if my experience at Clinic Daunting was because I was projecting my own sense of failure onto everyone else. Maybe there is some truth in that statement. However, at no point did anyone explain anything to me. Nobody explained what drugs I was meant to be taking and why. Nobody explained why everything I had with me had to be searched. Nobody made me feel safe in any way. It was as if any part of me that was successful was inconsequential, because the bad stuff was just so bad.

However, the experience that I had at Clinic Esteem (name has been changed) was very different. At Clinic Esteem everything is explained to you. And if you ask a question you are answered in a dignified way, a way that makes you feel visible. The nursing staff cares for the patients, not by simply shoving pills down their throats, but also by genuinely wanting to know how you are doing. The patients are asked about what the hospital could do better, and how they feel about their environment. Patients are afforded respect and credit for the simple fact that they were brave enough to be admitted, to acknowledge they need help. The opinions that the patients have matter, because they are not seen as problems but rather as people who happen to have a problem. When you are admitted at Clinic Esteem you feel that you are there because you are worth the effort, that you matter enough to the world for people to help you. In my opinion, this should be a non-negotiable standard of care.

I have met some of the most remarkably intelligent patients in hospital. Many of these individuals are notably successful and possess phenomenal strength of character when considering the trials they face. It’s a strange thing how often people can treat you as a bright and functional person until the time they find out you have a mental illness. Apparently to these people, the erasing of all intelligence is automatic when you have a diagnosis of mental illness – and heaven forbid, an admission to a psychiatric clinic. Now, I can forgive those in the world who don’t know better. The thing is that every person employed in a psychiatric clinic should know better. All patients, no matter what illness they have, are ultimately responsible for their own healing. However, if you are admitted to hospital as a diabetic, it is the treatment professional’s responsibility to help show you how to care for yourself. They need acknowledge the fear you may have and try to guide you until you feel safe in knowing how to manage your illness. Health care professionals are not going to withhold insulin from a diabetic patient because insulin is the very thing they need. Similarly safety and a sense of value should be afforded to psychiatric patients because it is these things they don’t have, they are consumed by vulnerability and worthlessness. Patients, psychiatric or otherwise, have to make the effort to learn, but caregivers need to teach them (Personal journal, February 2013).
Although the following piece of writing addresses one professional at Clinic Esteem, its spirit applies to all staff. I believe that it highlights the positive power the approach of all psychiatric facility staff can have, even before any drugs are administered to a patient.

Each time I’ve seen you, you have never made me feel judged or useless. You made me feel too, that I was more than a malfunctioning piece of flesh in need of a pile of pills, but rather I felt as if you saw me, the real me, who gets tangled up in an emotional spider web and begins to disappear even from her own view. The way that you have approached my story and me has enabled me to have a concrete trust in you, to feel comfortable in not hiding anything at all. You make me, the authentic me, not the mask or moods or panic, fear or grief, trauma, illness or despair, but me, feel visible. I know that you’re in the business of making people better and saving their lives. It’s your job, what you do everyday, with hundreds of us. But, I have never felt as if I’m simply your job or just another patient. And for some reason you seem to have a granite belief that my ability out-weighs my disability (Personal journal, December 2011).

So, reflecting back on the title of my presentation do you think mental health care cares for mental health? I feel the answer is yes and no. If the facility does not afford patients a sense of safety and worth, it is a dangerous space. But in my personal experience, when I am admitted into a psychiatric facility and I’m seen as the person I am, beyond my file and label, treated with dignity, and made to feel valued and safe, mental health care really does care for my mental health. In fact, I could go so far as saying it has saved my life.

And, the effect this has had on my mind is summed up on these words:

It encourages me to try, to not give up. Thank you for seeing the ‘me’ I didn’t know I was, and thank you for helping me meet her (Personal journal, December 2012).

**BIOGRAPHICAL NOTES**

**Claudia Campbell** is an Applied Psychology student at the South African College of Applied Psychology (SACAP). Based on her own experience regarding her struggles and triumphs over physical and mental illness, Claudia left an eight-year long corporate career to pursue studies in psychology. Claudia’s passion lies in challenging traditional ideas concerning the treatment of mental illness.
Whenever I walked toward a planning meeting for our student conference, I was reminded of bees buzzing in the garden: A sound of life and energy. The only feature distinguishing it as an unmistakeably human gathering was the laughter that punctuated at irregular intervals. But, just like the buzzing of the bees, the laughter was full of vitality.

Being part of the organising committee for the student conference felt like a very responsible position. Working on planning the budget, talking about sponsorship, traveling to Wits and being received as a colleague there, reviewing manuscripts and organising pre-conference workshops were just some of the daunting tasks we shared. Thankfully, though, the expertise amongst the people on the committee was incredibly high and matched only by the willingness to help lighten the load when someone was stuck with extra marking or came down with the flu.
When the first day of the conference arrived I was so impressed by the level of participation from our students, even our undergraduate students, and their willingness to make their voices heard on important issues facing our profession. Offering emerging scholars a chance to learn the skills of scientific communication is something I dream about doing in so many of my lecturing spaces. To see it enacted at the conference was a confirmation that psychology can be a less theoretical subject. Walking the talk of getting our psychological community to be less inactive right from day one of studying is complicated in the teaching world, but events like this help remind me that it is not impossible and that it is happening in many different ways. There were students, practitioners and lecturers talking about psychology’s relevance in today’s Africa; offering solutions to our lack of mental health care services; challenging assumptions about every “normal” curve. And it was inspiring.

A highlight of the pre-conference workshops was the discussion around publication with a panel of well-published academics and journal editors (“Not the Oprah Winfrey Show”). Hearing about personal challenges and achievements put a great deal of the ‘publish or perish’ imperative into perspective for me. The session on organisational development presented by Fatima Mbatha and Lauren Cohen from Investec captivated the audience so much so that we even ran out of time for additional questions at the end of the session.

My worst experience of the conference had to be my own presentation! Try as I did, the nerves would not play along and my self-calming techniques were fairly useless. The situation only worsened when I noticed my very supportive colleagues in the audience. Being in front of an audience that was going to give me feedback on my PhD strategy was really tough. By the time the last question came in about the reason for a choice of analysis technique, I was ready to forget that SPSS exists.

I could not pick a single favourite individual presentation. It was heartening to see so many students – some of them on a similar journey to my own and others that were students in my department – speak their truths in spite of their anxiety. I was struck by the amount of really useful information needing a platform, often discounted because it is supplied by students. The meta-communication about the value of research being linked to our construction of what expertise is goes a little against the grain of our push for innovative thinking and nurturing our up-and-coming researchers. For this reason I hope that the student conference continues to challenge our profession, and its neighbours, to put student research in the spotlight. It is only in doing so that we can improve the quality of our questions and build a truly scholarly community.
Catherine Govender is a lecturer and PhD candidate in the department of psychology at Unisa. When she is not at work or trying to make progress on her doctorate, she enjoys drawing on walls with crayons.
From the outset, I knew being involved with the planning of the 2013 Southern African Student Conference would be a very interesting and rewarding journey. And I was not disappointed!

The conference was co-hosted with our colleagues from Wits University who were as excited and willing to embark on the journey with us. The positive collaborative effort from both institutions set the path for what turned out to be a hugely successful conference. The joint meetings we held with both academics and students alike were always productive and engaging, and made the task of planning a conference so much easier, and a lot more fun! I particularly enjoyed the meetings held at the Wits Campus, the bonus being the wonderful lunches thereafter.

Although I was closely involved with several areas of the conference (pre-
conference planning and during the conference organising), the pre-conference workshops were the responsibility of myself and a colleague, Ms Catherine Govender. Together we embarked on a task to recruit qualified psychologists to present workshops. It was the first time that pre-conference workshops were included in the Student Conference, and so admittedly it was with both excitement and trepidation that we began planning. Very early on I realised that the worry was not warranted, and our slots filled up very quickly! It was so wonderful to see the willingness and excitement from professionals who took time out of their day to present their areas of interest, and engage with students in such an enriching environment. I must take this opportunity to thank and offer my appreciation to those professionals who willingly attended the conference, or presented a pre-conference workshop. These professionals did not receive any monetary compensation, nor did they earn themselves any CPD points. Their participation was driven by other factors that I would like to believe were altruistic in nature.

The preconference workshops covered a wide variety of topics, and included areas of research, clinical, counselling and industrial psychology, and publishing. With work sessions titled: An academic, a researcher and a clinician walk into a bar; or Horse Play anyone? Who would not be interested? All the sessions were extremely well attended; students participated well and were eager to engage with the presenters. It is encouraging to see how students take active roles in their learning, and who are not afraid to enter into dialogue about the complex field of psychology.

After the two days of preconference workshops, the presentations got underway. The diversity of research topics and approaches were a delight to see, and again the willingness and eagerness of students to “put themselves out there” is such a positive experience.

There is so much to write about, but in closing, reflecting on the journey from start to finish leaves me content. I thoroughly enjoyed being part of the organising committee, working collaboratively with our Wits colleagues, and engaging with students in a context of appreciation and learning.

See you in 2015!
My conference experience began with the phrase ‘your opinion, as a student, does not matter until you get to postgrad. And your opinion at postgrad level does not count until you’re in Masters or PhD.’ I cannot remember who exactly told me this in my first year, but it is a belief that seems to be present in many students at tertiary level. So it is needless to say how stressful it was presenting not one, but two papers at the conference (although one was more proposal-based).

When the ‘call for papers’ went out for the 2013 Southern African Students’ Psychology Conference, I thought it was the ideal platform to get my Research Psychology Masters’ dissertation out there. My research, entitled Sex, Nipple-caps, and Smoke and Mirrors looked at the reported experiences of women who worked
as strippers in the more upmarket locations in Johannesburg. However, my most significant memory of the experience was on the morning of the conference, just coming off the assessment period for my second Masters in Clinical Psychology at the University of Pretoria.

It was a cold morning. The air frosted as it left my mouth. I remember standing before the monolithic Great Hall at Wits University and feeling so small. I had been a ‘Witsie’ for seven long years and now I felt like a stranger to the place. The phrase ‘your opinion, as a student, does not matter,’ came crashing down in my mind. I could not believe that my thoughts would echo along these walls and I would be added to the list of academics that braved their voices to be heard. No words can express how much of an honour it was to be granted such an opportunity through the conference.

The truth is many students desire to be counted as academics in their own right and to be respected for it. In my time spent at Wits I have met many students that have been praised by their lecturers and professors as being the future of academia. It was heartening then to understand that the field of psychology in Southern Africa not only recognises this, but also gives students the platform to further their own experiences.

The organisation of the event was well structured, from the initial email to the actual presentation itself. I was very impressed with the peer-review process in the selection of abstracts and presentations. It made me feel that my thoughts mattered. The presentation guide that listed each delegate, his or her biography, and their presentation or poster was very informative. It gave a brief overview of the types of new research unfolding in the field of psychology, within Southern Africa. I was proud to be part of the entire process. My own presentation moved from a ball of nerves to a well received and debate provoking session with like-minded peers and professionals.

When I presented for the second time with my current Masters team from the University of Pretoria, it can be said that we all found the experience very exhilarating. Much time was spent going to other presentations and discussions. Probably the most beneficial aspect was the post-presentation discussions that allowed people to connect and engage in critical thought.

With all this in mind, I have decided to revisit that phrase and rework it to say ‘opinions aside, students do matter and should be developed so that they too can make a difference, academically.’
BIOGRAPHICAL NOTE

Darrian Long is currently in his second Master’s degree (Clinical Psychology) at the University of Pretoria. He holds a B.A. Honours in Industrial Sociology and a M.A. in Research Psychology from Wits. His interests include gender and sexuality, postgraduate psychotherapeutic training, and community mental health.
I love learning, whether it is through a lecture, practical application or a book. Not only that, I love the opportunity experiential learning brings to the individual. Furthermore, when it is incorporated in a learning programme, the reflective component of experiential learning provides a heightened sense of being part of something bigger than self. It not only enriches the individual with a deeper knowledge of one’s self and capabilities, but also an opportunity to peer into this emerging new professional identity rearing to go and contribute! That’s the essence of what I came with to the Student’s Conference. Although it was my first students’ conference to attend, I had a sense of ‘this is bigger than me this is a special moment
in time’ euphoric feeling. No other experience could have captured this ‘awesome’ feeling for me than the award winning WITS choir.

Their lovely voices filled the auditorium and whetted our appetites in anticipation of the conference programme. I felt the spirit of camaraderie permeate the air, a wonderful sense of togetherness and I thought to myself ‘aha! We are now here, it is time!’

**The pre-conference workshop experience ...**

The pre-conference workshops yielded for me a great opportunity to have an appreciation of the identity of a psychology professional, their role and responsibilities. I enjoyed the *Not the Oprah Winfrey Show* workshop session. In it I could hear the gruelling experience of becoming an excellent writer of scientific material. This panel of professional writers helped me to appreciate the old adage saying ‘practice makes perfect!’ Seeing the editor of the *South African Journal of Psychology*, Professor Anthony Pillay, was a gob-smacking moment for me as I had read several of his articles for my research project. I had the wonderful privilege to shake his hand and have a brief chat! The *Peeking behind the papers* workshop session which introduced the People Behind The Papers initiative was a moving experience for me. The idea of capturing the experiences of someone who is making a contribution to the psychology arena in some way or other is absolutely genius! In my view, it is these very stories that inspire and encourage emerging professionals. Mentioned during the session was Professor David Fourie whose reflections on his experiences were captured before his untimely demise. Truly remarkable!

**The main conference experience...**

Soon the conference was officially opened and it came to life! Presentation sessions consisted of both paper and poster presentations. Being a research psychology
student, the ongoing dialogue on the research psychology discipline and its impact on the South African landscape tweaked my interest and hence I attended most of those sessions. Sibusiso Maseko, one of the students from the Unisa 2013 MA Research Consultation (Marc) programme facilitated a round table discussion wherein Minja Millovanovic, Fana Simelane, Maxine Chow and Carien Duplessis (a fellow 2013 Marc student) shared their views on the relevance and practice of research psychology within the contexts of academia, counselling, marketing, and social research. Each session on research psychology held in different capacities helped me to see and appreciate the important and diverse role this discipline plays in our society today. It seemed in essence though, to be the ‘unsung hero’ of our time. I also attended other paper presentations with the likes of Mbongiseni Madikane, Sheryl Neel and Catherine Rogers, and heard them speak of their experiences from their chosen field of study. As I sat and listened, I realised that all these presenters were special and exceptional in their own way. They had each brought their learning experience to share! What a wonderful platform this student conference was to every student and professional! So as I also put up my poster presentation, I had a sense that I had something to share with the greater student community on the value of engaging in reflective practice.

Owing to personal circumstances, I was unable to attend the closing ceremony, and yet it was at this event that my poster was acknowledged as best poster and so I was awarded the Best Poster Presentation Award! Coming to know this later on, I had mixed feelings of disbelief and elation! I considered all the lovely posters that had been showcased beside my own and was amazed and humbled that mine had received the most number of votes! Reflecting on the journey of the poster’s production process… truly it is a privilege, an experience for which I will forever be grateful. Special acknowledgements go to my lecturers and my peers, each of you hold a special ‘reflection nugget’ in me as you have contributed to my Marc experience in more ways than you will ever know. Lastly, special thanks go to the wider team of student conference organisers, thank you for providing us with this platform to learn, share and grow!
Kudzai Singatsho Nyabadza is currently studying towards a Master’s degree in Research Psychology at Unisa. Her research interests lie in experiential learning, reflexivity, identity development, and social group issues. For her Master’s project she is using a hermeneutic phenomenological approach to understand the lived experiences of apartheid-era victims and the effects of intergenerational humiliation.
CONFERENCE REPORT

The Third Southern African Students’ Psychology Conference
Johannesburg, 24 to 28 June 2013

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The following account is an endeavour that seeks to articulate the profound experiences acquired during the 2013 bi-annual psychology conference held at Wits University. This prestigious event was a five-day thriller held in conjunction with Unisa’s psychology department. It started on Monday, June the 24th and ran until the Friday of the same week. Reflecting on those five days, I can confirm that these are moments I will live to cherish forever. Simply put, they are the epitome of my young career life as an aspiring psychologist. But quite paradoxically, the fulfilment and realisation of this almost impossible dream did not come at a cheap price. Allow me to take you through this journey…
In an unprecedented expedition, my journey began when the inside out-outside in group, a small interest group founded by, and comprising of, Unisa psychology lecturers and others, decided and actually mandated me to present a paper that I had been working on for almost a decade. Being an honours student, I was quite thrilled at the prospect, yet overwhelmed at the sudden level of expectation to which I had to adjust. Perhaps it was a mere sense of apprehension if not ‘performance anxiety’. Oh! Also the challenge of presenting a rather sensitive and controversial issue.

So, here I was, in unfamiliar territory with loads and loads of strange, but seemingly interesting, people. Some faces were familiar enough, I could recognise them immediately, some were not. Delegates at the conference were truly South African – warm, receptive, kind-hearted – and it was precisely at this moment that I felt at home and welcomed. It is also this warmness, receptiveness and kindness that gives this conference the theme of ‘a flat structure’. And by this, I refer to the attitude displayed by our lecturers and professors. The boundaries that spell ‘you are here, I am there’ were almost non-existent. For the first time, at the conference, one could literally mingle and interact with people you would normally come across in study guides and DVDs! Of course, to some, this may be trivial and not something worth relishing upon, but to some of us, especially Unisa students, rubbing shoulders with our role models is motivation enough to propel us to accomplish our fullest potential.

This was truly an incredible experience, and pretty much a first because of Unisa’s Open and Distance Learning (ODL) mode. So, having all the broad spectrum of psychology students and lecturers under one roof was truly an enriching experience and it meant a great deal to me. Furthermore, as per my expectation, I knew that attending the conference would provide me with the necessary exposure and platform to learn about what issues of immediate concern within the discipline are currently being investigated and which require immediate attention… and indeed, this did live up to my expectation. Two words can describe it, priceless and simply unforgettable.

Prior to, and leading to, the beginning of the main conference on the Wednesday, I also enjoyed the opportunity of attending a variety of pre-conference workshops. These came in very handy. At R20 each, they taught me a valuable lesson in terms of practical facilitating skills and previewing the do’s and the don’ts before my actual presentation. So, Monday and Tuesday were basically all about that: preconference workshops, preparations, including ensuring that delegates adhere to and familiarise themselves with logistics. After the keynote address by the guest speakers who officially opened the conference, the spirit of camaraderie permeated the air, allowing for a smooth flow of the conference. Rules were simple enough: The duration of each presentation ought to be a maximum of twenty five minutes broken down into fifteen minutes for the actual presentation and ten minutes of discussion and the answering of any questions the audience might have. For my presentation, I had prepared no more than three PowerPoint slides, a little bit of reading here and there, but the substantial content was pretty much oral and second nature.

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In what seemed to be forever, the time and day of my presentation finally came and I was scheduled to take to the podium as the third speaker. Surprisingly, and almost unexpectedly, I noticed that the audience were starting to fill up the lecture hall. Initially, when I saw them coming in I was uncertain to where they were all heading. ‘Had they come to listen to my presentation?’ I asked. ‘No, there must be some kind of a mistake’ I replied, ‘They must be lost’. Naturally, realising they weren’t lost, my body temperature quickly slumped to sub-zero levels, my mouth went completely dry, and my heartbeat took off in a frenzy, accelerating from zero to hundred beats per second! From here onwards, going forward, I had to devise a plan and the blueprint was to survive the first five minutes. I knew I could do it. According to previous experience, all it takes is a matter of taking that first tentative step… and I did. Never before have I seen time fly so fast; before I knew it, I was done. I went out of the hall, and all I can remember were people flocking around me and congratulating me on a job well executed. At the time, inundated with praises, from complete strangers to people I knew, I couldn’t process any of their comments because my stomach was still tied up in huge, but not so painful, knots! So to unravel these knots, I drank two cups of strong coffee back-to-back. And with them came this huge sigh of relief. In no time I was back to my old usual self again, went back to the lecture hall, and it was business as usual.

As I silently sat there, listening to other works by fellow presenters, the one question I kept asking myself was, ‘given another opportunity, how could I have done things differently?’ This little piece of information was crucial feedback in that, later during the same day, the inside out-outside in team was expected to continue with a post-presentation discussion, although at a more informal level. This time around it was a group collective effort. Trickles of attendees, here and there, mostly of whom were present during my first presentation showed up for the lunch hour break discussion. The essence of the dialogue captured most of what was discussed earlier, ideas were subsequently formed, but of significance was the networking that had been created among those who had attended. Contacts were exchanged; there was information sharing and dissemination. And for me, the objective of the conference had been fulfilled – an important inroad was made, right there.

Thursday was relatively much of the same as Wednesday. Nothing out of the ordinary. Presentations were still coming through, thick and fast, and the originality and creativeness had not been compromised either. But more importantly, I guess the biggest highlight for me on Thursday and what really intrigued me, and I guess many of those who had attended, was the presentation regarding the debate between the supremacy of Clinical Psychology over Research can testify and share my sentiments. This was indeed a mouth-watering and thought-provoking debate. Subsequently, with this brainstorming session came the realisation that polarised thinking can somehow be limiting. Such critical evaluations invariably point out to the direction that there is always a shade of grey area. Because of our perceptions
and beliefs, attitudes had been formed leading to the assertion that one is better off than the other. Obviously, this created a huge ‘uproar’ and raised a few eyebrows within the discipline. Little did I know about the existence of this distinction and the impression created on me was that this was sowing divisions amongst practitioners.

Sadly, on Friday, due to work commitments I could not attend the prestigious closing ceremony – but judging from the reports I have received, it was worth attending. Friday was also set aside as the deciding day for the overall winners of the best poster and paper presentations. Well, I did not worry myself too much about that. In any case, it would have been wishful thinking to even think I stood a chance; after all, there were some really outstanding and deserving candidates out there with exceptionally mind-blowing and thought-provoking papers. Now, because my expectations were neither here nor there, it came to me as an honour and huge astonishment to learn that I had won, jointly with someone else the first prize for the best paper presentation. Can you imagine the excitement? It was unfathomable, and frankly speaking, the less I speak about it the better! But hang on, that’s not where the fairy tale ends… as the winner, the price includes among other things, presenting yet again, the same paper but this time around at the Psyssa conference in September this year. I mean, how awesome can it get? But for now, I hope this: together with many more other questions will be answered at the upcoming Psyssa conference. To be continued…

For more details about the inside out-outside in interest group visit www.insideout-outsidein.org.co.za.

**BIOGRAPHICAL NOTE**

Mbongiseni Mdakane is currently completing his Master’s Degree in Research Consultation with Unisa. His interests are deeply rooted in community psychology and the psychology of imprisonment. As an agent of change, it is his personal obligation and social responsibility not only to dispel myths and stereotypes commonly associated with incarceration, but more importantly, to carve inroads towards the treatment, betterment and rehabilitation of offenders.
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