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**South African Students' Experiences of Psychotherapy**

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### **Abstract**

Students in South Africa face a higher prevalence of mental disorders compared to the general population. Despite this, a minority of students receive adequate treatment. Moreover, there is a lack of relevant in-depth qualitative research on experiences of psychotherapy among students. Therefore, the current study aimed to investigate undergraduate university students' experiences with accessibility, and experiences with adherence and retention to psychotherapy or counselling. Semi-structured qualitative interviews were carried out with 13 undergraduate UCT students, and the data was analysed using thematic analysis. Four themes were identified: (1) perceived effectiveness of therapy, (2) the role of the therapist's characteristics, (3) barriers to accessing therapy as a student, and (4) attitudes to therapy. Findings suggest that attending psychotherapy was effective for students, yet barriers to accessing therapy such as cost and transport, remain evident. Additionally, the therapist's qualities such as age and gender, influence the therapeutic alliance and students' attitudes regarding adherence and retention to attending therapy sessions. Therefore, the results provide much-needed information about students' experiences of psychotherapy. It provides practitioners and administrators with necessary information on improving barriers to accessing therapy and students' attitudes concerning therapeutic adherence.

*Keywords:* barriers, therapy, attitudes, adherence, qualitative interviews, South African, Students

It is well documented that university students face a higher prevalence of mental disorders than the general South African population (Bantjes et al., 2020; Sheldon et al., 2021). Students encounter many stressors that can trigger mental health problems, such as academic pressure, fear and incidences of sexual harassment and other forms of gender-based violence, lack of social support, financial stress, and adapting to new lifestyles (Sheldon et al., 2021; Zhang et al., 2020). Notably, due to the ongoing COVID-19 pandemic, there is concern that the prevalence of mental health difficulties among students is increasing given the vulnerability of this population (Ochnik et al., 2021; Visser & Law-van Wyk, 2021). However, despite free access to psychotherapy and basic health services offered on most campuses, only a minority of South African university students receive or utilise adequate treatment for their mental disorders (Auerbach et al., 2016; Bantjes et al., 2020).

Of those who have accessed care, little is known about their perceptions or experiences of psychotherapy. This is essential as researchers suggest that experiences of psychotherapy are likely to negatively influence adherence, future uptake of services, as well as discussions with their peers about help-seeking attitudes and behaviours (Mehra et al., 2021; Stige et al., 2021). Therefore, gaining an in-depth understanding of students' experiences of psychotherapy and their influence on future uptake and peer engagement in services is essential.

### **Contextualising psychotherapy: Access and barriers**

Psychotherapy is an interpersonal treatment involving a professionally trained therapist and a client with a concern, problem or mental disorder, whereby the therapist intends to alleviate the client from their concerns through an individualised application of psychological techniques and principles (Wampold, 2013). For the purposes of this study, the term psychotherapy or therapy will encompass both counselling and therapy. Research suggests that participation in psychotherapy has a positive transformative influence on long-

term personal development and academic achievement among students (Biasi et al., 2017; Broglia et al., 2021; Edwards, 2018). Studies have shown that students who have accessed psychotherapy experience increased support, assistance in managing university work, and enhanced mental health awareness (Broglia et al., 2021; Edwards, 2018; Mehra et al., 2021). Students also reported improved mental health literacy and the use of self-help techniques, such as stress and anxiety coping skills, time management, and breathing exercises (Bentley, 2018; Mehra et al., 2021). As a result, psychotherapy among students was found to significantly improve personal and academic experiences.

Despite the transformative potential of therapy, some students experience challenges accessing psychotherapy. Structural barriers to accessing mental health services include limited availability of services, which often prohibits students from seeking help at all, lack of knowledge regarding available support, time, cost, transportation, and scheduling conflicts (Broglia et al., 2021; Edwards, 2018; Hill et al., 2012; Mehra et al., 2021). Further barriers explored in the literature related to students include fear of judgement, stigma, hesitation to self-disclose, and concerns about trust and connection with the therapist (Panicker et al., 2020; Stige et al., 2021; Vidourek et al., 2014). These barriers are often tied to feelings of insecurity; concerns about the effectiveness of therapy; dismissive attitudes toward their problems and beliefs that their problems will improve spontaneously (Broglia et al., 2021; McLafferty et al., 2017; Stige et al., 2021). As a result, the utilisation of therapy among students is fundamentally affected.

Research has found that students who experience challenges with psychotherapy often prematurely discontinue their sessions and attempt to resolve problems by themselves, resulting in a decreased likelihood of seeking future sessions with the belief that therapy is ineffective (Broglia et al., 2021; Ebert et al., 2019; Mehra et al., 2021). Instead of seeking professional help, students were more inclined to utilise self-help techniques or psychosocial



support from friends or family (Bantjes et al., 2020). Understanding more about the experiences of students will provide insight into how access, help-seeking behaviours, and engagement in therapy among students might be improved. Additionally, insight into what hinders students from staying in therapy can be utilised to prevent premature discontinuation.

### **Student engagement and participation in psychotherapy**

There is significant evidence to suggest that psychotherapy is beneficial to students with mental health difficulties. Studies conducted in the UK, Italy and Australia found that counselling not only helped students reduce feelings of anxiety and depression but also helped them academically, as techniques learnt in counselling were useful in an academic context (Bentley, 2018; Biasi et al., 2017; Edwards, 2018). Results show that in addition to improved psychological functioning, engaging in counselling also increased academic success among students. For students, the effectiveness of psychotherapy corresponds to a perceived improvement in academic outcomes (Bentley, 2018). However, since the studies have primarily been focused on high-income countries (HICs), the extent to which these results apply to the South African context is not fully known.

Additionally, research has found that a positive therapeutic relationship is a significant motivator for attending therapy, while individuals may be less likely to follow up if they have a negative experience (Dunbar et al., 2018; Stige et al., 2021). Co-operation, trust and alliance between client and therapist were found to be significant factors in creating an effective therapeutic experience (Göstas et al., 2013). Meta-analyses have revealed the impact of power and demographic differences on complicating trust and the therapeutic relationship (Edwards, 2018; Levitt et al., 2016). However, when therapists acknowledge these differences, it was found to create an improved therapeutic experience (Levitt et al., 2016). Moreover, students who experienced safety, trust, comfort, and compatibility with therapists in the first session were more motivated to attend further sessions, generating hope

around the effectiveness of therapy (Levitt et al., 2016; Stige et al., 2021). Establishing a trusting relationship facilitated clients' disclosure of personal difficulties and experiences, overcoming challenges of opening up (Mehra et al., 2021; Stige et al., 2021). Failure to form a working alliance resulted in the inability to disclose thoughts and feelings, premature termination of the treatment and negative attitudes towards seeking future treatment (Mehra et al., 2021; Vidourek et al., 2014).

Moreover, the therapists' authenticity and sensitivity to their clients' situations are other important factors in the experience of psychotherapy, particularly in occasions where treatment encounters need to be tailored (such as if a client is ill and wants to move their session online) (Stige et al., 2021). The therapists' ability to be flexible to the needs of their clients significantly promotes clients' trust, hope and willingness to engage in sessions (Levitt et al., 2016). Furthermore, a systematic review of the predictors for mental health utilisation among young adults determined that positive past experiences in therapy enable young adults to build trust in available services, which in turn, encourages them to utilise these services in the future (Li et al., 2016). Importantly, during COVID-19 and the impact on accessibility, online services were found to be effective in reducing feelings of physical and mental isolation, assisting in overcoming help-seeking difficulties, and providing reassurance and validation (Hanley & Wyatt, 2021). Therefore, how the pandemic has impacted access and treatment experience is also worthy of exploration.

### **Study Rationale**

Despite the amount of evidence to highlight the benefits and barriers to accessing psychotherapy, there is a lack of qualitative data reflecting first-hand accounts of students' perceptions and experiences of psychotherapy. A review of the existing literature revealed a lack of understanding concerning the effectiveness of psychotherapy beyond baseline improvements (Bantjes et al., 2020; Zhang et al., 2020). Notably, most of the research on

student experiences of psychotherapy was conducted in HICs (Broglia et al., 2021; Sheldon et al., 2021; Stige et al., 2021), limiting the generalisability, and affirming the need for a more contextual understanding of student experiences of psychotherapy in South Africa. It cannot be said that barriers found in other countries will impact South African students in the same way. For example, socioeconomic realities in South Africa differ significantly due to high levels of wealth inequality and therefore barriers concerning monetary resources may have a different impact (World Bank, 2022).

In-depth qualitative studies have the benefit of producing and allowing for extensive insight into students' experiences, which could be used to inform and improve the quality and availability of treatment students receive (Levitt et al., 2016). There is a need for a fair representation of diverse experiences to allow administrators and practitioners to identify ways to enrich the treatment among students, such as through improving access to university-provided counselling (Hernández-Torrano et al., 2020). This is supported by Bantjes et al. (2020) who noted the significance of addressing individual-level attitudes and beliefs to increase service utilisation among students in South Africa and improve mental health. Therefore, this study may serve as a foundation for future research which may improve students' access, retention and adherence to psychotherapy.

### **Theoretical framework**

A descriptive phenomenological framework was utilised in the study. Phenomenology is a form of enquiry in qualitative research that describes how a specific phenomenon is experienced, characterised as an open, flexible, and interpretive method that allows researchers to thoroughly contemplate the data to understand the ways in which the phenomena are lived (Wertz et al., 2011). More specifically, descriptive phenomenology explores, analyses and describes a particular phenomenon in great depth and breadth while maintaining its richness to depict its reality as closely as it can (Matua & Van Der Wal,

2015). This framework requires researchers to ‘bracket’ or ignore existing knowledge and assumptions about a phenomenon to get a hold of its essential elements in the data (Tuohy et al., 2013). Moreover, a review of the literature showed no studies focusing on the lived experiences of psychotherapy among South African students, as such, a descriptive phenomenological framework fitted the objectives of the study. Through bracketing, a state of subjectivity was achieved, allowing us to look beyond preconceptions or assumptions about experiences of psychotherapy, and enabled us to discover the lived realities of subjects’ experiences (Matua & Van Der Wal, 2015).

Additionally, the factor of objectivity in descriptive phenomenology is favoured in this study given that we sought to focus on how students experience psychotherapy in South Africa. The sense of openness, flexibility and need for reflexive restraint of personal assumptions in descriptive phenomenology was particularly helpful as it enabled us to answer the research questions (Sundler et al., 2019). Hence, with descriptive phenomenology, we were able to produce a deeper understanding of students’ experiences of psychotherapy in its purest form.

## **Aims and Objectives**

### **Aims**

The objective of this study was to explore university students’ subjective experiences of psychotherapy in South Africa. The study sought to gain insight into experiences concerning accessibility, engagement, and perceived effectiveness of therapeutic services among students. It also aimed to provide useful data for institutions to improve accessibility, uptake, and retention of psychotherapy among university students.

### **Main Research Question**

What are students’ experiences of psychotherapy?

### **Sub-Questions**

- What are students' experiences of accessing therapeutic resources and services in university?
- What are students' experiences of being in therapy?
- What are students' experiences of the availability and effectiveness of psychotherapy?

### **Methods**

#### **Research Design**

This study utilised an exploratory qualitative research design, typically conducted when issues or phenomena are broad and have not yet been clearly defined (Saunders et al., 2007). It sought to discover and understand problems where little to no previous research has been employed, not to measure frequency or gain conclusive answers, but rather to become familiar with a phenomenon (Merriam & Tisdell, 2016). This design was chosen as it focused on describing subjective experiences of psychotherapy among students, as well as situating the meaning within context; factors that quantitative research methods generally overlook (Merriam & Tisdell, 2016). Furthermore, context is fundamental to the investigation of the data as it recognises the construction of social, historical, cultural, and individual factors that inform the meaning participants give to their realities (Korstjens & Moser, 2017). Hence, this design was suitable for gathering detailed insight into the complexities of students' experiences of psychotherapy and generating more precise questions that can be addressed in future research (Levitt et al., 2016).

#### **Sampling & Participants**

Given the exploratory nature of the study, both purposive and convenience sampling strategies were utilised. Purposive sampling was used to recruit participants based on a set of known characteristics who could provide detailed descriptions of a phenomenon (Ritchie et

al., 2003). Thus, students who could speak of their experiences of psychotherapy were selected for the study. Purposive sampling was used to recruit participants that had been to therapy for at least 2-3 sessions within the last 12-18 months, were not currently in therapy, were over the age of 18 and registered as UCT students. Participants were also selected using convenience sampling, which involved recruiting easily accessible and readily available participants for the study (Bryman, 2004). This was used to recruit UCT psychology students.

Ultimately, the study recruited a total of 13 participants. The participants were all psychology students at UCT. The small sample size ensured that we could collect extensive detail about participants' experiences of psychotherapy (Creswell & Poth, 2017). As the study did not seek to generalise its findings the small sample size was sufficient. Instead of finding statistically verifiable results, we wished to develop an in-depth understanding of students' experiences. We sought to provide "sufficient descriptive data" to ensure that transferability, the degree to which research findings can be applied in other settings, will be achieved (Lincoln & Guba, 1985, p. 298). Rich, thick and highly descriptive and detailed representations were used as strategies to contextualise the study and enable transferability, collected in the form of semi-structured interviews.

Participants were recruited through a research advertisement disseminated via the Student Research Participant Program (SRPP) (see Appendix A). The participants were 18 years of age and older, students registered at UCT, had attended at least two to three sessions within the last 12-18 months, and were not currently actively engaged in regular therapy. These inclusion criteria were developed based on ethical guidelines regarding obtaining informed consent and logistical limitations placed on the study, such as time and accessibility.

## **Data collection**

Semi-structured qualitative interviews were used to collect material for this study, using an interview schedule (see Appendix B). This method was chosen as it provided a generally fuller and fairer insight into participants' lived experiences (Creswell & Poth, 2017; Mason, 2002). Moreover, they allowed for the exploration of topics the researcher has not anticipated which speak to a unique experience of an individual, while still ensuring that relevant topics were explored (Legard et al., 2003; Mason, 2002). The interviews were offered either in-person or online using Zoom. Twelve of the 13 interviews were conducted face-to-face and took place in UCT's Psychology department, while the remaining one was conducted online. The interviews were audio recorded, transcribed using the transcribing software *Descript*, and then later manually edited and refined by the researchers.

We collaborated with another pair of Honours researchers in the data collection process, such that the interview schedule was an amalgamation of questions from both studies, which were both concerned with different aspects of students' experience of psychotherapy. Questions for this study were informed by the literature on this topic and guided by the research questions about students' experiences with accessibility, engagement, and perceived effectiveness of psychotherapy. Sample questions included, "Can you describe more about your experiences with accessing therapeutic services as a student?" (see Appendix B). Throughout the interview we took notes, paying attention to non-verbal cues and other particularly useful information that was shared (Legard et al., 2003). Moreover, we made use of follow-up questions as necessary to ensure that a fuller understanding of the participant was obtained.

## **Procedures**

Upon gaining ethical approval from the Research Ethics Committee of the Department of Psychology in UCT (see Appendix C), an advertisement email was sent

inviting students through UCT's SRPP Vula account (see Appendix A). Students were required to send an email indicating their interest. We communicated information regarding the research process and answered any questions or concerns via email. Once it was established that interested candidates met the criteria, arrangements were made to meet online or in person, at a suitable time and place. All in-person interviews were privately conducted in one of the seminar rooms in UCT's Psychology department, facilitating easy access for students.

At the beginning of the interview, the aims and requirements of the study were discussed with participants. Participants were also given the opportunity to raise any questions or concerns. They were then asked to read and sign the study consent form. We began the audio recording using the iPhone voice memo app. For the participant who favoured meeting online via Zoom, the consent form was delivered electronically, and Zoom's recording feature was used. Notes were also taken throughout the interview. The interviews lasted between 30 and 60 minutes. At the end of the interview, the participants were thanked for their time and debriefed. The participants were also sent a confirmation email for completing their participation in the study, which included referrals to contact details of psychological support services if necessary. The data was then prepared and transcribed for data analysis.

### **Data Analysis**

Braun and Clarke's (2006) six-phase guidelines for thematic analysis was used to analyse the data on students' subjective experiences of psychotherapy. Thematic analysis involves identifying, analysing, and reporting themes across the entire data set by producing codes (Braun & Clarke, 2006). The themes were later identified through an inductive approach to provide rich descriptions of the broad patterns in the data without trying to conform to a pre-existing coding frame or analytic preconception, which was especially



useful for investigating under-researched topics (Braun & Clarke, 2006). This type of analysis was appropriate for this study given that the study sought to specifically describe participants' experiences, as well as capture and make sense of meanings. It allowed us to search for and understand shared meanings across experiences of accessibility and engagement to psychotherapy and to understand adherence and retention attitudes and behaviours among students in South Africa. Additionally, thematic analysis is compatible with a descriptive phenomenological framework since it emphasises participants' subjective feelings, perceptions and experiences (Guest et al., 2011).

The six phases included (1) familiarising ourselves with the data through repeated active reading of the transcripts from the interviews; (2) generating initial codes by noting preliminary ideas to organise the data; (3) searching for themes by comparing and analysing how codes are related using a thematic map; (4) reviewing the themes to ensure each theme is coherent, refined, and is well supported by the data; (5) defining and naming the themes to briefly explain the significance of each them to the research question and identify emerging sub-themes; (6) producing the report by providing a clear and logical narrative explaining the interpretation of the data and ensuring that the selection of themes are significant and accurate (Braun & Clarke, 2006). These steps and guidelines were jointly employed by the researchers using a qualitative data analysis computer software called *NVivo*. The software enabled us to neatly organise the interview transcripts, arrange the initial codes, and generate categories for themes and sub-themes that emerged. The transcripts were constantly re-examined to generate meaning and refine themes by noting down patterns and making comparisons.

### **Ethical Considerations**

Clearance to conduct the study was sought from the Research Ethics Committee within the Department of Psychology at UCT prior to data collection (see Appendix C).

Additionally, considering the nature of qualitative studies and the unique relationship between the researchers and participants, it was essential to consider the following ethical guidelines.

### **Informed consent**

Informed consent ensured that participants were provided with a detailed explanation of the procedures and requirements of the study prior to data collection (Byrne, 2001). Participants were given a consent form outlining the entirety of the research aims, purpose, risks or inconveniences, data collection procedures, and the recording and transcription of the interviews (see Appendix D). Participants were frequently reminded that their participation was entirely voluntary and that they could withdraw from the study at any given time, without consequence. Informed consent was consistently renegotiated to preserve the participant's autonomy. Such renegotiations were implemented before and after the interview as the content and information shared became more sensitive (Mason, 2002).

### **Confidentiality**

The identities of the participants were kept anonymous. Due to the semi-structured nature of the study, participants may have disclosed personal identifying information. Therefore, to conceal participants' identity and ensure their right to privacy was upheld, we filtered and removed any and all personal identifying information in the interview transcripts and the final report. The identities of the participants were further protected by manually ensuring that beyond recruitment and the consent forms, their names were not attached to the study which was largely achieved through the use of pseudonyms. The consent forms were collected after each interview and was safely and securely stored. Only one consent form was signed online, this form was kept on a password-protected computer, only available to the researchers.

## **Risks and benefits**

Participants benefitted by being awarded 2 SRPP points for taking part in the study. In discussions around experiences of psychotherapy, there was a minimal risk of sensitive topics being mentioned. As such, we ensured to establish a safe environment for participants to share their experiences by dedicating time at the beginning of the interview to ease the participants with introductory questions (Legard, et al., 2003). We also provided contact details of the Student Wellness Service (SWS), a UCT support health service supplying medical and counselling aid to students, in risk of discomfort or distress.

## **Data management**

Participants identifying information, audio-recorded interviews and transcripts were kept safe in password-protected laptops, accessible only to the researchers and supervisor. The researchers of this study, as well as the joint Honours study, collaborated in transcribing the recordings. Upon transcription, the recordings of each participant were destroyed. Once the final draft of the research was approved, these transcripts were also destroyed.

## **COVID-19**

Given the context of Covid-19, an option of either an in-person or an online Zoom interview was proposed to ensure the safety of the participants (Oliffe et al., 2021). Zoom was used as opposed to other online conferencing applications due to its end-to-end encryption feature (Gray et al., 2020). The data was therefore stored in the researchers' password-protected private storage, ensuring that all the information remained confidential.

## **Reflexivity**

Reflexivity refers to the active awareness of the significance of the researcher-participant dynamic, recognising how certain values, beliefs, assumptions, and judgements may incidentally impact the data and research procedures (Spencer et al., 2003). Given that the researchers have been in therapy, it is evident that our experiences may influence the

ways in which we engage with the topic and the participants. Therefore, to ensure that reflexivity was employed, we each adopted personal research journals and consistently engaged in active and regular reflexive discussions with one another, and with the joint Honours researchers. Keeping journals and reflecting on personal beliefs and experience is a key method of 'bracketing' (Carpenter, 2007). Bracketing involves setting aside the beliefs, thoughts, and feelings that one holds as to not make judgements about the data before it is revealed. Bracketing is essential in descriptive phenomenology and was carried out before the study, as well as throughout data collection and analysis. This method of self-disclosure was important in remaining cognizant of personal beliefs being reflected in the data and allowed us to remain separate from the research (Carpenter, 2007). Moreover, regular reflexive discussions allowed us to interrogate prevailing assumptions and practices, raise awareness, and recognise agendas, whereas personal research journals allowed for important decisions or events to be captured throughout the research process (Finlay & Gough, 2003; Gough & Madill, 2012).

### **Results and Discussion**

Data was collected from 13 participants of varying cultures. 11 identified as women, one identified as a man and another identified as gender-fluid. All participants spent at least three sessions in therapy and no one was actively in any form of therapy at the time of data collection. On average, the last time students accessed therapy was six months prior to the time of data collection. We identified four main themes in the data: (i) perceived effectiveness of therapy, (ii) the role of the therapist's characteristics (iii) barriers to accessing therapy as a student, and (iv) attitudes to therapy. Each theme was further broken down into various subthemes, which will be discussed in the context of the current literature.

### **Perceived effectiveness of therapy**

Most students who participated in this study believed that therapy was effective and successful in helping them deal with their issues or concerns that they needed help with at that time. Participants primarily described their experience of psychotherapy as “helpful” and “beneficial”. Therapy was believed to be helpful when students were able to “overcome” the reasons for seeking therapy originally, increase self-awareness and learn various coping strategies, which were identified as two subthemes.

### ***Self-improvement and increased self-awareness***

Students ascribed their current state of well-being as reflective of the effectiveness of attending therapy. Several participants defined an effective experience of therapy as one that helped them “improve” or “recover” from their struggles and allowed them to examine their thoughts, feelings and behaviours. Some found that they felt better after attending therapy, as Jamie emphasised: “I’m doing pretty well now”. Others expressed that they perceived a degree of self-improvement because of therapy, such as Cameron: “my bad days are not that bad anymore, so I gained something quite good”. On a similar note, Alex expressed how therapy enabled them to recover from their problems and recognise improvement in themselves:

*I think I've definitely improved a lot more. Um, obviously there's like some periods where like I'm a bit lower...but I definitely think I am better now. (Alex)*

Significantly, students’ perceptions of self-improvement were associated with increased adherence attitudes to therapy (Vescovelli et al., 2017; Vidourek et al., 2014). Most students reported that having an effective therapeutic experience motivated them to continue their treatment. Others also revealed that the fear of losing the progress they achieved during the therapy, motivated them to keep attending sessions. In their experience of therapy, Thea expressed:

*I kept going until the thing was like resolved kind of the reason that I was going for. I think I also, I could tell improvements in my like mental health and general wellbeing and stuff, so I feel like that also motivated me to go. (Thea)*

However, some students perceived therapy to be ineffective for them which led to preferences for self-reliance (Bantjes et al., 2020). Students also revealed that attending therapy resulted in increased self-awareness and self-knowledge (Giorgi & Gallegos, 2005; Monti et al., 2016), as shown in Tumelo's reflection:

*So it was like making a lot of things, make sense in my life. Like why do I do things this way? And why do I approach certain things this way? So where do I need to improve? So it was very helpful in that way. (Tumelo)*

Other students reported that therapy enabled them to contemplate their thoughts, emotions and behaviours, and to better understand themselves and make "sense" of their past experiences. This is consistent with findings from Bizuneh (2022), who found that improved self-concept and the belief in the effectiveness of therapy, predicted help-seeking behaviours among students. Participants also reported that therapy allowed them to improve their interpersonal relationships and self-control (Vescovelli et al., 2017). This finding is also consistent with the literature as enhanced self-awareness and self-knowledge enabled students to understand their past experiences at a deeper level, assess their strengths and weaknesses, and allow them to make changes for the future (Taylor, 1955). Insight into the perceived effectiveness of therapy among students is important as studies frequently rely on statistical significance as an indication of the efficacy of treatment without considering the client's experiences of psychotherapy (Shedler, 2010). At large, the efficacy of therapy favours meta-analysis studies because it provides methodologically rigorous evaluations, makes comparable results and addresses the risk of biases in client perceptions (Shedler, 2010). However, we emphasise that the efficacy of psychotherapy should consider students'

experiences and perceptions given that they are the best placed to know whether the treatment is effective or not.

### ***Learned coping strategies***

Many reported that they learned valuable coping strategies during therapy, including breathing exercises, self-soothing practices, and journaling, gave them some control over their symptoms of distress (Bentley, 2018; Mehra et al., 2021). Participants revealed that their therapist taught them self-help skills and worked with them to find and adapt strategies that were suitable for them. Contrary to current literature, the participants did not specifically report that these coping strategies benefitted their academic performance (Bentley, 2018). However, findings suggest that these strategies help students relieve symptoms of their distress, the effects of which are likely to generalise to other areas of their functioning, including academic performance. For others, their experiences of these coping strategies were effective in the short-term, but they recognized that consistent effort and long-term implementation are necessary to see its lasting impact:

*Like, like I did feel like it did help me a bit in, um, my coping strategies, but I feel like I needed to be in therapy for longer for it to actually be effective. (Amal)*

Insight into learned coping strategies indicate the perceived benefits of psychotherapy among students. Although the long-term effectiveness of these coping strategies was not assessed in the current study, the findings show that learned coping strategies among students promoted functional attitudes to manage current problems or stressful events (Biasi et al., 2017; Mehra et al., 2021). However, further research is necessary to assess the extent to which these coping strategies are effective in the long run.

### **The role of the therapist's characteristics**

It is widely understood that therapists play a significant role in clients' experiences and engagement in therapy, and the effectiveness of treatment outcomes (Göstas et al., 2013).

The current theme identified that the therapist's age, gender and ability to facilitate a strong therapeutic alliance influenced students' experiences regarding adherence, retention attitudes and behaviours to psychotherapy. Interestingly, contrary to current research (Vidourek et al., 2014), therapists' race or culture did not emerge as a recurrent theme among participants' experiences of psychotherapy.

### *Age*

Most of the participants reported that the age of the therapist was a factor that influenced their experiences of therapy during the selection of a therapist and in their willingness for self-disclosure during sessions. According to the participants, preconceived ideas about age was associated with the therapist's ability to make them feel understood. Most reported that they preferred a younger therapist over an older therapist. Given that the participants were young, they believed that younger therapists were able to "understand" and "relate" to their issues and concerns better. They claimed that having a younger therapist helped make them feel more "comfortable" and increased their openness to disclosing personal thoughts:

*Because we would talk about like topics such as, for example, sex. Okay, so now with her being young, it- it helped knowing that she was young, if she could relate to me in different scenarios. And I think that is a big factor for me. (Diya)*

Other participants noted that they were reluctant to discuss topics of sex due to fear of judgement by an older therapist. For example, Jay expressed how this hesitation toward disclosing personal experiences with an older therapist created a barrier between them:

*She's an older woman. Um, and there were certain things that sometimes I was like, oh, do I even need to tell her this? Like, should I tell her this...it was just like, there was like a little bit of a barrier between us. (Jay)*



The findings suggest that students ascribe the therapist's age with the perceived effectiveness of the treatment outcome. Students' experiences show underlying beliefs about the relationship between therapists' age and the quality of treatment, where younger therapists are perceived to be better equipped to understand the complexity of their experiences. Although there is no validity for the association between age and predicting job performance among psychotherapists (Miller et al., 2013), this stereotype is evident among participants in the study. Contrary to current research however (Kessler et al., 2020), our findings suggest that young students do not prefer older therapists as they are perceived to be unable to relate to their concerns. Insight into students' experiences, inform us of the impact of age on students' willingness to self-disclose in therapy and attitudes to the future selection of their therapist.

### *Gender*

Most of the participants also reported that the gender of the therapist was a factor that influenced their initial selection of a therapist and their willingness for self-disclosure during sessions. Most of the students reported a preference for women therapists. Participants expressed that their experience with women therapists made them feel safer and more comfortable. This made them to feel like they could open up more and express their concerns (Bhati, 2014; Landes et al., 2013). When discussing their initial selection for a therapist, most students mentioned how they specifically requested a women therapist:

*I wanted a female psychologist, um, for like many different reasons. Because I am a female and like a little bit, I feel, felt uncomfortable just like a male and I in a room that I don't necessarily know straight away. (Alex)*

Some participants also expressed their hesitation toward approaching a male therapist and described how it was like an "instinct" to be more comfortable being vulnerable with a woman therapist. Others strongly expressed how they would not consider going to a male

therapist because they perceived the environment as unfriendly and non-inclusive. Although for some students, gender did not have a major impact on their experiences of therapy, they revealed that various opinions and issues were better discussed with a female therapist in that they felt more “understood” by a woman therapist. This is in line with Landes and colleagues (2013) findings about how preconceived ideas and stereotypes about the therapist’s gender impact student engagement in therapy and choice of therapist. In contrast, one student who had previous experience with a man therapist did not believe that gender impacted their experience of therapy:

*I just didn't want to talk about that with a man. But when I eventually did talk to him about it, I don't know. It wasn't like he actually like expected it was...it made me feel very understood. (Thea)*

Consistent with findings from current literature, similar to the impact of age, the findings show that gender impacted students’ attitudes and willingness to engage in therapy (Bhati, 2014; Landes et al., 2013). Students’ preferences for a woman therapist contribute to attitudes toward searching for a therapist. Perceived beliefs about the therapists’ competence to understand students’ concerns, were associated with the therapist’s gender (Bhati, 2014). However, given that most of the participants identified as women, students’ preferences for women therapists can be attributed to the increased level of understanding and relatedness due to shared similarities (Bhati, 2014; Landes et al., 2013).

### ***Therapist’s ability to facilitate a therapeutic alliance***

A positive therapeutic alliance between the therapist and their clients is essential for an effective therapeutic experience (Göstas et al., 2013). Students who were able to form a connection with their therapist in the first session were more likely to continue attending therapy. For example, Jamie spoke about their experiences meeting their therapist for the first time, describing the connection as something that “clicks”. Although they revealed that this

connection was not immediate, having a sense of connection in the earlier sessions made them consider staying with their therapist. Most participants reported that having a connection with a therapist made them value their feedback and advice more. Some reported that a strong connection with their therapist increased their openness to accept help. Furthermore, most of the participants expressed how failure to form a connection with their therapist caused them to prematurely terminate their sessions and search for other services for better support:

*If I'm not going to connect with them, I would not go back. I would actually go and find somebody else until I get someone that I am comfortable talking to. (Jorgi)*

Some of the students reported experiencing difficulties trusting their therapists during earlier sessions, which complicated forming a connection. Others revealed that setting clear boundaries and giving honest opinions made them feel more comfortable and allowed them to talk openly. However, some also reflected that they were unsure whether they were supposed to form a connection with their therapist because they had not experienced it themselves. As a result, they considered whether that caused them to stop attending further sessions. Another participant reported that despite experiencing difficulties with forming a relationship with their therapist during the initial stages of their treatment, the hope of forming a connection motivated them to keep attending therapy. Unfortunately, however, they expressed that they did not arrive at the point of connecting with their therapist:

*So, when it started, I just kept going through the sessions in hopes that it would like get better and like maybe...she needed to get to know me and I needed to get to know her so that we could get to like an understanding, but we just...I just never got to that point. (Micah)*

Most of the students viewed the therapeutic relationship between the therapist and the client as an important part of their experience (Levitt et al., 2016; Stige et al., 2021). The

findings are consistent with research on youth perspectives on seeking psychotherapy (Mehra et al., 2021). Insight into students' experiences of the therapeutic relationship informs us on the significance of forming a positive relationship in facilitating therapy-seeking behaviours.

**Safety and judgement-free space.** Participants revealed that the therapist's ability to create a safe and judgement-free space was central to their willingness to adhere to therapy sessions. Safety in therapy was described as feeling reassured and comforted by the therapist without feeling judged for their beliefs, opinions or past experiences. Students noted that they were able to talk openly and speak more about themselves when therapists actively make an effort to reassure them that they will not be judged during the initial session. This enabled them to stay with their therapists and continue their sessions:

*Like it was a good relationship, I think, right from the beginning. So that like sense of comfort and sense of feeling safe and not judged really helped me to stick with her.*

(Alex)

In addition to empathy, patience, listening, understanding and qualities of the therapist, other students expressed how establishing trust between them, and the therapist influenced their openness and adherence attitudes to therapy. Once they felt that the therapist was not "going to run away" (Jamie), it enabled them to keep attending the sessions. The findings suggest that students value relationships with their therapist and their ability to create a safe and judgement-free space. Consistent with other research (Mehra et al., 2021), students in the current study expressed concerns over trusting and forming a connection with the therapist. As a result, it impacted students' adherence to therapy and promoted attitudes to early termination of their treatment. Overall, authentic caring allows students to engage in vulnerable discussions and feel validated in the space (Levitt et al., 2016). Once a trusting connection was achieved, fears of abandonment were relieved (Levitt et al., 2016).

## **Barriers to accessing therapy as a student**

Another theme to emerge from the data was barriers to accessing therapy as a student. Within this emerged two prominent sub-themes: structural barriers and the impact of COVID-19 on accessing therapy.

### ***Structural barriers***

Most students reported that the cost of therapy was a barrier to accessing therapy. Therapy was highlighted to be expensive, with many being unable to afford private therapy and instead had to utilise cheaper forms, such as counselling:

*A private service and whatever is not an option because it's expensive and we, we don't have the finances for it. (Cameron)*

The finding that participants viewed therapeutic services as costly was seen in other literature reporting that the cost of psychotherapy was a barrier to accessing therapy (Hill et al., 2012; Mehra et al., 2021; Vidourek et al., 2014). The cost of therapy appeared to create difficulties in the choice and source of service. Some participants noted having to sacrifice seeking specialised psychologists due to the cost, and thus compromised the service they received. For some students, the cost of therapy impacted how many sessions they were able to attend due to reasons such as allocated medical aid or having to pay for extra sessions. Many also expressed their desire to attend more sessions beyond the free sessions offered by the university. Moreover, a limited number of sessions was also a barrier to continuing with therapy after receiving initial help. Such findings may speak towards why only a minority of students receive adequate treatment despite services being provided in universities (Auerbach et al., 2016; Bantjes et al., 2020). As a result, cost barriers to accessing therapy prevented students from experiencing the full effectiveness of the treatment.

In addition, transport emerged as a structural barrier facing students. Students reported relying on their family members or alternative forms of conducting therapy, such as

online Zoom therapy, to access it. Consistent with findings from previous literature, online therapy emerged as a source of therapy that was undertaken due to transport barriers experienced by students (Mehra et al., 2021). Time and scheduling difficulties also created a barrier to accessing therapy among students, impacting their adherence to sessions. One student reported that they found it difficult to fit sessions in with their busy schedules:

*I had to adjust my schedule, so sometimes I'd go like on Monday, sometimes next week I go on Thursday and then the other week I'll go on Saturday. (Thandi)*

This was not only seen as a barrier to accessing psychotherapy but was also found to be inconvenient, which negatively influenced students' attitude and experience. This should be of consideration due to the findings by Mehra and colleagues (2021) who found that the inconvenient aspect of psychotherapy reduced help-seeking attitudes. As such, there may be implications concerning students' ability to access therapy if they are unable to easily accommodate for it. With regards to free services such as UCT's Student Wellness Service (SWS), students reported that the time it took to get an appointment was long and thus it was difficult to access a therapist. Due to such few sessions being available, many had to plan their bookings in advance to access their chosen therapist, which they struggled to do given their demanding academic schedules. Participants also expressed frustration when waiting to book for an available session with their therapist, especially in times when they felt they needed one the most:

*I would prefer to have more easily accessible bookings...sometimes you want to attend a session now, because you're feeling a certain way now, or you are overwhelmed about something. Now you have to wait until two weeks. Then after two weeks, you're no longer overwhelmed with that's like, so what am I gonna say, what's the point? (Tumelo)*

Feelings of redundancy were expressed in scenarios where participants had to wait long periods of time before being seen, especially if they were unable to attend a session when it felt urgent for them.

### ***Negative Impact of COVID-19***

The study took place during a unique time where many participants who were involved in the study had experienced both in-person and online therapy, due to the lockdown in South Africa during the COVID-19 pandemic. For many, this meant that they had no choice over the mode of delivery of their sessions, despite many participants indicating their preference for in-person sessions. Mostly, in-person therapy was preferred due to the complications to privacy experienced during mandatory online sessions:

*I have a roommate...Um, so then it's also like a thing of like asking your roommate, like I need the room...finding- going to the kitchen or something, like just finding a space that's like gonna be quiet where you can just be alone. (Micah)*

Challenges with data and network connection during online therapy made their access to therapy more difficult. When switching to online therapy, time restraints due to connectivity issues and interruptions had to be renegotiated between the therapist and client, often cutting down valuable session time that the client paid for, which often led to negative feelings:

*You're all using Zoom now for the first time...So if 10, we lost 10 minutes because of internet connections...I can't get that 10 minutes back...that really would irritate me, would frustrate me because I would be like, I'm paying for this. (Diya)*

Moreover, the safe space that was created in the therapist's office now had to be created from home, placing responsibility on the student to find a quiet and comfortable space where they could partake in their sessions. For others, their dislike grew from the difficulties of creating a connection with their therapist using online services. Participants felt that using computers and face masks took away the essence of communication in therapy,

and as a result, limited the feeling of connection that would otherwise be hopefully formed during in-person therapy. Ultimately, it impaired the interactions with therapists due to struggles with connectivity and connection. Students also believed that the increase in student uptake of therapeutic services because of COVID-19 made it difficult to book sessions and access therapy. While utilising online services have often been recommended and been found to be effective in overcoming difficulties with seeking help (Hanley & Wyatt, 2021), the findings of the current study suggest that preferences for in-person therapy among students were greatly favoured due to difficulties with connectivity, privacy and forming a therapeutic connection with the therapist.

### **Attitudes to therapy**

Participants were asked to speak on their attitudes to therapy based on their past experiences to divulge what aspects of therapy helped them and their perceptions of what can be done to improve the quality of therapeutic services. A positive attitude to therapy improved future help-seeking behaviours and likely contributed to the uptake of therapeutic services (Mojtabai et al., 2016). Several key sub-themes emerged, the first being that expectations of therapy can impact help-seeking attitudes. Social stigma also played a role in shaping students' attitudes, with many feeling hesitant to seek out therapy due to fears of judgement from family and friends. Finally, participants' attitudes towards therapy largely shaped the kinds of recommendations they offered when asked about how access to therapy might be improved.

### ***Expectations of therapy impact therapy-seeking attitudes***

Participants' expectations of therapy largely impacted their attitudes about seeking psychotherapy. Such expectations were created from a lack of experience, previous experience, and current sessions through having consistent sessions.



**First time accessing help.** In many circumstances, participants were hesitant and scared to receive help due to a limited understanding of what therapy entailed. Many indicated that they felt “very nervous” (Jorgi) and some experienced discomfort during their first few sessions. Students’ expectations of therapy were influenced by their lack of knowledge of therapy, which delayed them from seeking out help. This finding is interesting given that all of the participants are undergraduate psychology students who we assumed would be knowledgeable about therapy. Participants also reported feeling hesitant to seek therapy due to concerns over opening up and feeling comfortable with their therapist. Similar findings are shared by Mehra and colleagues (2021) who found that many youths felt anxious when first meeting their therapist as they were scared to open up. Some of the participants expressed doubts over the effectiveness of therapy because it was their first time engaging in psychotherapy:

*How is it gonna help...because it was my first time first experience, I couldn't understand it first. (Tumelo)*

**Previous experience.** Alternatively, the study found that previous experience with therapy largely shaped their attitudes towards therapy. Most students reported that negative experiences of therapy, caused hesitation toward seeking therapeutic services again:

*I was a bit nervous because the previous experience wasn't a good one. Like it was that's why it didn't last for long...I was scared it wasn't gonna help- that I was just like going there for no reason, like wasting my mom's money, like that sort of thing. (Micah)*

In cases such as Micah feelings of hesitance were created through the concern that they would have another negative experience that was not effective in helping them cope. Others reported that previous experience of therapy created expectations regarding the interactions with therapist. Where expectations were not met, feelings of disappointment were expressed.

Moreover, one participant reported fear of wasting money if the therapy was perceived to be ineffective. At large, while it has been noted that cost concerns among students is evident (Hill et al., 2012; Mehra et al., 2021), this finding was not found in the literature. To our knowledge, there has been little documented research on how negative past experiences contribute to hesitant attitudes toward the perceived cost-effectiveness of therapy. Regardless, first encounters with a therapist can be nerve-wracking and can delay help-seeking behaviours due to feelings of fear and nervousness.

**Consistent sessions.** Having consistent sessions was important for positive expectations of therapy, which encouraged help-seeking behaviours among students. Consistent sessions were defined by the participants as feeling cared for, the therapist adhering to the timing of the session, the therapist remembering the client and what was shared, as well as sessions being followed up. This contributed to a positive experience of therapy and a sense of dedication and desire to continue with sessions. A good experience was able to transform their beliefs and expectations of therapy to the degree where they enjoyed it. Consistent with the literature, they expressed they would be likely to seek out therapy again in future should they need it due to the helpfulness and trust in the success (Li et al., 2016). Having consistent sessions that felt helpful were able to ease and calm the nervousness created by a lack of previous experience with therapy.

For participants who did not have consistent sessions, greater feelings of hesitancy and doubt with their therapist was created. For some, this doubt was strong enough to cause the participants to suspend sessions altogether. The lack of consistent sessions created a negative expectations of therapy among students, that further sessions would be unhelpful. This finding is supported by the literature as negative experiences lead to a greater chance that the individuals will follow up with therapeutic support (Dunbar et al., 2018; Hill et al., 2012; Levitt et al., 2016).

### ***Social stigma***

Social stigma was found to largely play into the participants' expectations of therapy and influenced their help-seeking behaviour:

*I think we wouldn't, most of us would not use UCT, um, because of the stigma or we wouldn't want other people to see us going into it because I think that pressure would be there. (Diya)*

Participants reported that the fear of being seen around therapeutic services impacted their decision to use certain services. Some students reported feeling self-conscious and felt that they had to hide their mental health difficulties due to the stigma of seeking psychosocial support. Others reported that feelings of shame made them want to stop attending therapy. Largely, in the literature, students are found to deal with stigma that causes feelings of public shame and embarrassment for seeking help (Hill et al., 2012; Vidourek et al., 2014). For some participants, the stigma around mental health came from their culture:

*I come from this very small Coloured community...as Coloureds...there's always this- this big stigma on, you know, mental health and speaking to psychologists or social workers, like, 'no, you crazy'. (Cameron)*

It was found that the stigma associated with some cultures created feelings of shame or insanity, which led to some prematurely terminating their treatment. Others revealed that stigma prevented them from sharing their personal struggles and rather preferred to be self-reliant. Hill et al. (2012) found similar findings that stigma from cultural background played into clients' help-seeking attitudes. For some cultures, mental health was largely thought of as something that individuals could 'fix' on their own (Hill et al., 2012). For others, stigma was revealed through friendships and family:

*My friend actually just recently broke a leg. She went to hospital and people are like, you know, it's like acceptable, but then when you go for therapy, it's more like, don't*

*talk about that. Like, we don't wanna hear about your problem so that there is that type of stigma. (Thandi)*

Experiencing stigma from friends was also supported by the literature which found that students feared that they would be judged, labelled, or treated differently due to their mental health status (Mehra et al., 2021). As in the case of Thandi, there is an acknowledgment that the seriousness of mental health is not widely recognised or respected because it is not physically seen. As such, the generalised beliefs and negative representation around mental illness prevented students from seeking help.

#### ***Attitudes and recommendations to therapeutic services***

Participants attitudes to therapy were useful in shaping and discovering how services can be more efficiently delivered to students. Most students noted that they have used the UCT's SWS or would consider utilising it in the future. Many students also noted that they had a negative attitude towards SWS due to accessibility and availability difficulties. This finding is consistent with the literature as overwhelmed services and long waiting times acted as a barriers to help-seeking (Priestley et al., 2021). Multiple participants noted that they struggled to make an appointment especially towards the end of the month or during exam season. Not being able to get a session led to the students becoming discouraged, which may have great implications on their mental well-being, especially during a period when they may need extra support:

*When you go onto the website during the end of the- end of the semester, it's always so full. Like when exams come, when like it's test week, and that sort of thing, it gets so full that it's like people easily get discouraged. (Micah)*

As a result, a negative attitude towards UCT's SWS was made clear. To resolve such several participants suggested increasing the number of student counsellors available:

*They were like, choose between this four. And I'm like, UCT is so big. Then if you have like four, that's why we wait for a long time (Tumelo)*

*Student wellness is very overwhelmed with all the students and the- the little of them that they have...especially with the amount of therapists there is. (Morgan)*

It is important to consider that a care shortage of mental health treatment is not unique to UCT's SWS and exists prominently throughout South Africa (Jack et al., 2014). However, the study found that due to cost concerns, SWS was often one of the more accessible routes to service uptake by students. As such, while this problem is not unique to UCT it should be considered. Communication about SWS and where to find psychotherapeutic help was also a concern:

*I would also want them to see them advocating for therapy more. I didn't even know student wellness was a thing for like the first month and a half, I think of university.*

*Um, so like, I think it's definitely something that should bring up more. (Micah)*

Such a finding is consistent with the literature whereby youth mention a lack of awareness concerning services that are available to them which keeps them from accessing available services (Mehra et al., 2021; Priestley et al., 2021). Interestingly, this study was carried out amongst psychology students who found that they were frequently and repeatedly reminded and told where to access help. Although the SWS is constantly advertised, access to it remains a barrier for most students. However, it was suggested this may not be the case across different faculties and should perhaps be investigated as a possible future initiative of the university to increase access to therapy among all students.

### **Conclusion**

This research project sought to provide valuable insights into South African students' experiences of psychotherapy. The data collected largely corroborated with existing literature on experiences of accessibility, barriers, effectiveness and perceptions of psychotherapy in

broader studies. The evidence found that students perceived therapy to be effective in improving their well-being. Although statistical analyses indicate that attending therapeutic services can result in clinically significant improvements among students' experiencing high levels of distress (Biasi et al., 2017; Monti et al., 2016; Murray et al., 2016), the interviews conducted with the participants in the study revealed that perceived improvements are evident as well. These findings go beyond reporting the effectiveness of therapy for clinically relieving symptoms of distress itself but also illustrate students' perceptions of improvements for themselves, which is associated with adherence to therapy. We also emphasized that perceived effectiveness of psychotherapy among students could provide considerable empirical evidence of the efficacy of psychotherapy.

We found that students value the therapist's age, gender and ability to facilitate a strong and positive therapeutic alliance in their perceptions, attitudes and adherence to therapy. Students largely preferred young and women therapists, often describing them with attributes that suggest relatability and comfort. The therapist's ability to facilitate a strong connection and safe space was important for students and their adherence to therapy. Although forming a strong therapeutic alliance is not solely dependent on the therapist, it is important that therapists make an active effort to establish trust and ensure students feel comfortable to disclose their concerns. Consistent with the literature, cost, transport, time and the impact of COVID-19 were common barriers to accessing therapy. Moreover, attitudes toward therapy impacted student engagement. First-time experience with therapy and students that had negative previous experiences with therapy expressed greater hesitation and reluctance to engage in sessions. Stigma caused by societal influences, culture, family and friends created increased hesitance towards adherence to therapy. Furthermore, students' recommendations to mental health service administrators were largely centred around increasing accessibility and awareness to available therapeutic services.

Given that the researchers specifically looked only at students registered at UCT, the study was limited in its findings on students' experiences of psychotherapy from those attending other universities. Future research should therefore look to conduct the study across other universities to investigate other students' experiences of psychotherapy. Moreover, given that we are primarily proficient in English, recruitment and communication with participants were restricted. The language restriction limited who was able to participate in the study and how effectively the researchers could communicate and engage with the participants during the interviews. However, UCT is an English-medium university therefore, there is an assumption that most participants were proficient in the language.

Another limitation was that almost all our participants identified as women, which impacted the analyses of the findings around therapist preferences. Research has identified that familiarity and similarities between the client and the therapist influenced choice of therapist (Landes et al., 2013). Given that most of the participants identified as women, the findings regarding therapist preferences may be biased towards the women therapist. Future research should recruit a more gender-diverse sample of participants to gain a more encompassing understanding of students' experiences and attitudes to therapist preferences. Furthermore, the inclusion of only undergraduate Psychology students may have impacted the findings as they may be more open to seeking psychological help than other students. Future studies should therefore look towards recruiting students from other faculties as well. Although we identified that perceptions of self-improvement influenced engagement in therapy in the short term, the long-term effectiveness of therapy among students could be investigated further. Interviews revealed that a greater number of participants discussed the impact of COVID-19 than anticipated, as such, further research should look to explore students' experiences of psychotherapy in the aftermath of COVID-19.

Ultimately, the study has informed our understanding of how mental health resources were accessed by students, the barriers to accessing support, how students engage in therapy, and students' perceptions on how services could be improved. In this regard, the study provided recommendations for governing institutions and raised awareness regarding the availability of mental health resources and ways in which to improve the quality and accessibility of therapeutic services. It added valuable information about students' experiences of psychotherapy and provides valuable recommendations to further studies in this area.



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## Appendix A

### Invitation to study

Dear Student,

Have you been in psychotherapy or counselling in the past 12-18 months? Are you currently registered as an undergraduate student at UCT? Would you like to contribute to some interesting research?

If you answered 'yes' to any of the above, we would love to know more about your experiences!

#### **Details about the study:**

The purpose of this study is to understand more about students' experiences of psychotherapy to gain a better understanding of how students access and experience counselling and therapy, including their experience of the therapeutic alliance or working relationship. This research is being conducted for two Honours research projects in Psychology at the University of Cape Town. Please note that we will **not** ask you anything about why you went to therapy or what you discussed in therapy or counselling. We will also **not** ask you to name your therapist or counsellor.

Participation in the study will involve one interview of approximately 45-60 minutes in duration, whether in-person or on Zoom (your choice). The interviews will be audio recorded.

To participate in this study, you will need to:

- Be over the age of 18
- A registered student at UCT
- Must have attended at least 2-3 therapy sessions within the last 12-18 months
- Not currently in therapy

If you are a Psychology student, you will be given the choice of being entered into a raffle to win a R500 Cavendish voucher or be awarded with 2 SRPP points. If you are from a different department and not a psychology student, you will automatically be entered into the raffle. This study has been approved by the Research Ethics Committee of the Department of Psychology. Prior to commencing the interview, you will be required to provide voluntary consent. All personal information will be secured and will only be accessible to the researchers of the study.

If you wish to withdraw from the study at any point, you may do so without consequence. However, please note that should you wish to withdraw, no SRPP points will be awarded (where applicable) and/or your name will be removed from the raffle.

If you have read the above information and would like to participate in the study, or if you have any questions regarding participation in the study, **please contact the following:**

#### **Researchers:**

Nicola Brent: [brnnic056@myuct.ac.za]  
 Casey Fredericks: [frdcas002@myuct.ac.za]  
 Giliane Ramos: [rmsgil001@myuct.ac.za]  
 Stella Robbins: [rbbste004@myuct.ac.za]

#### **Supervisor:**

Dr. Maxine Spedding: [Maxine.spedding@uct.ac.za](mailto:Maxine.spedding@uct.ac.za) or 021 650 3425

## Appendix B

### Interview Schedule

#### Opening

- A. **(Establish Rapport)** Hello, my name is \_\_\_\_\_ and I am an Honours student in Psychology conducting research on Undergraduate students such as yourself.
- B. **(Purpose)** In this interview, I would like to ask you some questions about your time in therapy and the relationship you shared with your therapist. These questions will focus on your experiences of therapy as a student and your overall relationship.
- C. **(Motivation)** The reason for these questions is to learn more about how you as a student, as well as others, experience therapy and your relationship with your therapist to contribute to the current research. This will hopefully help therapists understand how to improve their practices to benefit people such as yourself.
- D. **(Timeline)** This interview should take between 45 minutes to an hour.

**(Transition:** Let me begin by asking you about your experience accessing therapy.)

#### 1. The student's experience of access to therapy

- a) Where did you receive therapy?
- b) How did you decide to receive therapy at this centre? Who recommended this centre?
- c) Can you describe more about your experiences with accessing therapeutic services as a student?
- d) **(If the student uses UCT therapeutic services)** Could you talk a bit more about your experience with the student wellness service in UCT? What are your thoughts on the availability of therapeutic resources in UCT?
- e) What are some of the challenges/barriers you have faced while accessing therapy? How did you overcome these barriers?
- f) What aspects would you say would improve your access to therapy? What advice would you give counsellors/university administrators about how to improve accessibility to therapeutic services for students?

**(Transition:** I would now like to discuss your relationship with your therapist/ counsellor.)

#### 2. The relationship between the therapist and the student

- a) When did you first seek professional assistance and how did you come to find your therapist/counsellor?
- b) Have you seen any other mental health practitioners prior to the therapist you had most recently?
- c) What made you decide to continue therapy with this therapist?
- d) How would you describe the relationship you had with this therapist?
- e) In what ways did you feel that you could or could not relate to your therapist?

(**Transition:** Having spoken about your relationship with your therapist, I would like to understand more about what factors contributed to maintaining your relationship.)

### 3. The student's experience of therapy/therapeutic alliance

- a) How important do you think the relationship formed with your therapist was to your overall experience of therapy?
- b) What factors do you think contribute to a successful alliance between an individual and their therapist?
- c) How do you think these factors, if any, have affected the relationship you formed with your therapist?
- d) How do you think similarities/differences between you and your therapist have impacted your therapeutic relationship and experience of therapy?
- e) How did you feel about your therapist's approach to therapy? In the context of your relationship, what do you think your therapist did well and what do you think could have been improved?

(**Transition:** Now that I have a better understanding of your experience of the therapeutic alliance, I would now like to discuss your experiences regarding engagement to therapy, specifically within the university setting.)

### 4. The student's engagement with therapy and perceived effectiveness

- a) How often did you engage in therapy? E.g., once a week, once in two weeks?
- b) Tell me about your experience of therapy. What did you like and not like about the therapy services you received?
- c) What aspects would you say would improve your engagement with therapy?
- d) What are your thoughts on the effectiveness of therapy? In what ways was therapy helpful/not helpful to you?
- e) Based on your experiences, would you recommend any therapeutic support to friends and family in the future?
- f) What advice would you give to counsellors/university administrators about how to improve the quality of therapeutic services for students?

(**Transition:** Well, it has been a pleasure finding out more about you. Let me briefly summarise the information that I have recorded during our interview.)

#### Closing

- A. (**Maintain Rapport**) I appreciate the time you took for this interview. Is there anything else you think would be helpful for me to know so as to better understand your experience?
- B. (**Action to be taken**) I should have all the information I need. As discussed, this interview will be transcribed for research purposes but the information you have provided me with, as well as your personal information, will remain completely confidential. You are welcome to access the report as soon as it is made available. Thank you again for your time.

## Appendix C

### Ethics Application Form

UNIVERSITY OF CAPE TOWN



• Department of Psychology  
 Research Ethics Committee  
 Rondebosch, 7701  
 Tel: 27 21 6503417 Fax: 27 21 6504104

#### APPLICATION TO CONDUCT PSYCHOLOGICAL RESEARCH

1. All applications must be submitted with the documentation outlined in the attached form.
2. All documents should be submitted electronically.
3. The University of Cape Town's Department of Psychology actively supports research as an essential academic function. It is essential that all applicants consult the UCT Code for Research involving Human Subjects (available from the UCT website).
4. In the case of research involving clinical populations, drug trials, neuroimaging, and recruitment from Groote Schuur Hospital or any affiliated medical institutions, approval must also be obtained from the Faculty of Health Sciences Research Ethics Committee (FHS REC).
5. Final responsibility for the ethical and effective conduct of the research lies with the principal investigator.

#### HONOURS STUDENTS:

Complete this application form, and submit it to Rosalind Adams with the formal research proposal that forms part of your research methods module in the Honours programme.

#### MASTER'S AND DOCTORAL STUDENTS:

Complete this application form, and submit it in electronic form to Rosalind Adams attached to the research proposal you will present to a departmental thesis committee.

#### DEPARTMENTAL STAFF, VISITING SCHOLARS AND POST-DOC STUDENTS:

Complete this application form, and submit it in electronic form to Assoc. Prof. Lauren Wild ([lauren.wild@uct.ac.za](mailto:lauren.wild@uct.ac.za)). The application must be accompanied by a detailed proposal (maximum length 25 1.5-spaced pages).



UNIVERSITY OF CAPE TOWN  
DEPARTMENT OF PSYCHOLOGY  
APPLICATION FOR ETHICAL APPROVAL TO CONDUCT PSYCHOLOGICAL RESEARCH

Section A	Proposal Identification Details	To be completed by all applicants
Section B	Study Information	To be completed for all studies
Section C	Financial and Contractual Information	To be completed by all applicants
Section D	Declaration on Conflict of Interest	To be completed by all applicants
Section E	Ethical and Legal Aspects	To be completed by all applicants
Section F	Checklist	To be completed by all applicants

**Section A: Proposal identification details.**

1. Title of the proposal/protocol:  Student's Experiences of Psychotherapy				
2. Has this protocol been submitted to any other Ethical Review Committee?			Yes	No
				X
2.1	If so, list which institutions and any reference numbers.			
2.2	What was/were the outcome/s of these applications?			
3. Is this proposal being submitted for ethical approval for an amendment to a protocol previously approved by this committee?			Yes	No
				X
3.1	If so, what was the previous protocol's reference number?			

4. Investigator details

4.1 Principal Investigator (if a student project, the student is the principal investigator):

Title	Initials & Last Name	Department and Institution	Phone	Email	Signature	Date
Ms	N Brent	Honours Psychology, University of Cape Town	0825019 689	Brnnic056@myuct.ac.za		16/05/22

4.1.1 (If different to 4.1 above) UCT Principal Investigator

Title	Initials & Last Name	Department and Institution	Phone	Email	Signature	Date
Mis	G. Ramos	Department of Psychology, University of Cape Town	0607278 281	Rmsgil001@myuct.ac.za		2/6/2022

4.2 Co-investigators: (if a student project, add the supervisor's name here)

Titl e	Initials & Last Name	Department and Institution	Phone	Email
Dr.	M. Spedding	Department of Psychology, University of Cape Town	021650345 2	<a href="mailto:Maxine.spedding@uct.ac.za">Maxine.spedding@uct.ac.za</a>

5. Is the study being undertaken for a higher degree?	Yes X	No
If yes:		
5.1 What degree? Honours Psychology		
5.2 Student name: Nicola Brent, Giliane Ramos		
5.3 Supervisor name: Maxine Spedding		
5.4 In what department is the degree? Department of Psychology		

**Section B: Study Information (summarize the information contained in the proposal).**

<p>6. Who will act as participants in the study?</p> <p>Undergraduate psychology students will act as participants in the study.</p> <p>7. Estimated number of participants:</p> <p>10-12 research participants.</p> <p>8. Estimated duration of study:</p> <p>45-60 minutes of their time on the day of their interview for the participants. For the researchers, 4 months total collecting data, transcribing, analyzing and reporting the project.</p> <p>9. Location of study (e.g. UCT, school, hospital, etc., where you will gather data from the participants):</p> <p>Primarily the location of study will be at UCT campus. For those uncomfortable with meeting in public due to COVID19 there will be the chance to partake via a private Zoom meeting.</p> <p>1. Recruitment: Please describe how and from where the participants will be recruited. Attach a copy of any posters or advertisements to be used.</p> <p>Participants will be recruited through the Department of Psychology's Student Research Participant Program (SRPP) at UCT. An advertisement will be sent out through their Vula announcement site. The advertisement has been attached.</p> <p>2. Vulnerable groups: Are there pre-existing vulnerabilities associated with the proposed participants, e.g., relating to pre-existing physiological or health conditions, cognitive or emotional factors, and socio-economic or legal status?</p>	<p>Yes</p> <p>No ✓</p>
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If yes, explain briefly what vulnerability would entail in the study, and how you propose to safeguard participants' wellbeing.

3. Risks: Briefly describe the research risk associated with your study, i.e. the probability and magnitude of harms participants may experience. Minimal risk means that the probability and magnitude of harm due to participation in the research are no greater than that encountered by participants in their everyday lives.

There is minimal risk associated. It is foreseeable that the participants may encounter some stress or discomfort talking about their experiences with therapy or counselling. It is also foreseeable that students may feel anxious with interviews. Beyond that there are no foreseeable risks.

4. Costs: Give a brief description of any costs or economic considerations for participants.

There are no large costs considerations for participants other than their time and possible transportation costs. However, since the interviews will be conducted on UCT's campus it is assumed that they will have easy access (due to the shuttle service). Alternatively, if the participant partakes via Zoom, they will have to ensure they have access to a laptop or Wi-Fi, again it is assumed they will.

5. Benefits: Discuss any potential direct benefits to the participants from their involvement in the project.

There are no direct benefits to the participants other than the SRPP point and the chance to win a raffle being one of twelve chance to win a R500 voucher.

6. Compensation: If participants are to receive compensation for participation, please provide details.

One SRPP for each student that partakes and the chance to win a raffle being one of twelve chance to win a R500 voucher.

7. Consent. Describe the process to be used to obtain informed consent. Where applicable, attach a copy of the information letter and consent form.

The participants will be provided with the informed consent form (attached) and given time to work their way through it. They will also be given the opportunity to ask the researchers questions should they have any. Informed consent will constantly be renegotiated at all times of the interview process. They will be asked verbally before the interview begins as well as after the interview is done.

8. Confidentiality. Please describe the procedures to be used to protect confidentiality of the data.

No one outside of the researchers and supervisor will have access to any data collected from the participants. The data will be stored on a password protected computer. The participants names will all be removed from the final study with no identifying features kept. If names are used in the final project, they will be replaced with pseudonyms.

9. Does the protocol comply with UCT's Intellectual Property Rights Policy (including ownership of the raw data)?

Yes  
X

No

### Section C: Financial and contractual information

10. Is the study being sponsored or funded?

Yes  
X

No

If yes:		
10.1 Who is the sponsor/funder of the study? The researchers will contribute towards the R500 voucher		
10.2 Are there any restrictions or conditions attached to publication and/or presentation of the study results?	Yes	No x
10.3 Does the contract specifically recognize the independence of the researchers involved?	Yes	No x
(Note that any such restrictions or conditions contained in funding contracts must be made available to the Committee along with the proposal.)		
11. Will additional costs be incurred by the department?	Yes	No x
11.1 If yes, specify these costs:		

**Section D: Statement on Conflict of Interest**

The researcher is expected to declare to the Committee the presence of any potential or existing conflict of interest that may potentially pose a threat to the scientific integrity and ethical conduct of any research in the Department. The committee will decide whether such conflicts are sufficient as to warrant consideration of their impact on the ethical conduct of the study.

Disclosure of conflict of interest does not imply that a study will be deemed unethical, as the mere existence of a conflict of interest does not mean that a study cannot be conducted ethically. However, failure to declare to the Committee a conflict of interest known to the researcher at the outset of the study will be deemed to be unethical conduct.

Researchers are therefore expected to sign **either** one of the two declarations below.

- a) As the Principal Researcher in this study (name: Nicola Brent), I hereby declare that I am **not aware** of any potential conflict of interest which may influence my ethical conduct of this study.

Signature:  Date: 2/06/2022

- b) As the Principal Researcher in this study (name: Giliane Ramos), I hereby declare that I am **aware** of potential conflicts of interest which should be considered by the Committee:

Signature:  Date: 2/06/2022

**Section E: Ethical and legal aspects**

12. Have you read the UCT Code for Research involving Human Subjects (available from the UCT website)?	Yes X	No
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**Section F: Checklist**

		Tick
Application form	1 electronic copy	✓



Covering letter and all other correspondence (e.g., ethics approval from other bodies, letters to parents, etc.)	1 electronic copy	
Detailed proposal, including a 200-word summary/abstract	1 electronic copy	✓
Consent/Assent form/s	1 electronic copy	✓
Participant information sheet/Debriefing form (if separate from consent form)	1 electronic copy	
Other documents (e.g., advertising posters)	1 electronic copy	✓

**IMPORTANT NOTES:**

- All applicable sections of this application form must be filled in OR justified why not.
- All applicable signatures must be sought
- All additional number of copies must be included with application
- All incomplete applications will be returned to the applicant, leading to delays in review.

**Appendix D**  
Informed Consent Form



**UNIVERSITY OF CAPE TOWN**  
**DEPARTMENT OF PSYCHOLOGY**

**INFORMED CONSENT FORM TO PARTICIPATE IN A RESEARCH STUDY**

**Study Title:** *Student's Experiences of Psychotherapy and the Therapeutic Alliance*

**RESEARCHERS:** Nicola Brent, Casey Fredericks, Giliane Ramos, Stella Robbins

**SUPERVISOR:** Maxine Spedding

You are invited to participate in a research study exploring students' experience of psychotherapy and the therapeutic alliance as clients/patients in psychotherapy. The study is being led by two pairs of researchers (Honours students) from the Department of Psychology at the University of Cape Town.

**Purpose of the study?**

The purpose of this study is to understand more about students' experiences of psychotherapy to gain a better understanding of how students access and experience counselling and therapy, including their experience of the therapeutic alliance. This research is being conducted as part of two Honours theses in Psychology at the University of Cape Town.

**Procedure and Duration:**

If you choose to participate, we will arrange a date and time that best suits you to complete an in-person or online interview that will last approximately 45-60 minutes. The interview which will take place at the University of Cape Town. In the interview you will be asked questions regarding your experience of psychotherapy or counselling, but not about your reasons for attending therapy or what you discussed in therapy. We will also not ask you to name your counsellor or therapist.

**Why are you being asked to participate?**

As a student currently enrolled at UCT, you are being asked to participate in this study to provide insight into students' experiences of psychotherapy. Your experience as a patient of psychotherapy/counselling provides valuable insight into a students' experiences which can hopefully create a foundation of understanding for future research for how services might be improved and/or training of therapists might be adapted.

**What will it cost to participate?**

While it will not cost you any money to participate, it will require you to give up some of your time. We anticipate that we will need approximately 45-60 minutes of your time. This

process will include an overview of this consent form, conducting the interview, as well as a short debrief session.

**What are the risks associated with participating?**

Participating in the study is likely to hold minimal risk to you. Feelings of discomfort and stress may occur with certain topics, however this is anticipated to be minimal and in the case of such you are free to choose not to answer particular questions or stop the interview. There will be no consequences and you are free to withdraw if you then decide to do so. A list of resources will be provided to you that you may consult should you feel distressed, uncomfortable or anxious. Moreover, if you do find that participating in this study has made you feel uncomfortable or has brought up difficult or painful feelings, please let one of the researchers know so that we can talk about what kind of support you might need.

**Are there any benefits to participating?**

We hope that the information gathered in this study will help us to understand more about your experience of psychotherapy and the psychotherapeutic alliance. We hope that you derive some benefit from making an important contribution to our understanding of this. Additionally, should you choose to participate in this study, you will be awarded 2 SRPP points on completion (where applicable), and entered into a raffle to stand a chance to win a R500 Cavendish Mall voucher.

**How will your identity and information be protected?**

Your participation in the study will remain anonymous and no identifying features will be included in the research report. An audio-recording will be made of the in-person interview, and a video recording of the Zoom call. These recordings are encrypted, processed and stored in Zoom's cloud. To ensure security of the recordings, the recordings are password-protected and access to the cloud is limited to the researchers and the supervisor only. The transcribed interview and notes taken by the researchers will be used for analysis. These forms of recording are to ensure that your experiences will be portrayed as accurately as what has been shared by you. The recordings will not be accessible to anyone outside of the researcher group and will be kept on a password protected computer until it is transcribed, and then it will be destroyed. The researchers will transcribe the data themselves, censoring all personal identifying information. They will also be asked to commit to keeping the data confidential. The information that you provide us in the interviews will be used to write two Honours theses, and may be published in an academic journal. From time-to-time, the popular media also takes an interest in the research that we produce. However, all of your identifying information, including your name, the name of your place of work, or any other information that makes you identifiable to someone else will not appear in this research report or in any publications. Moreover, in the case of referring to your experience in the research report a pseudonym will be used in place of your name.

**What happens if you change your mind about participating?**

Participation in the study is entirely voluntary, which means that you are welcome to change your mind and there will be no consequences for you. If you decide to participate in the research project, you can decide to stop at any time and you will not need to provide any explanation for why you would like to stop. Please do let the below researchers know if you choose to withdraw. In this case, any data collected will be destroyed.

**If you have questions about the study, please feel free to contact the following people:  
Researchers:**

Nicola Brent: [brnic056@myuct.ac.za]  
 Casey Fredericks: [frdcas002@myuct.ac.za]  
 Giliane Ramos: [rmsgil001@myuct.ac.za]  
 Stella Robbins: [rbbste004@myuct.ac.za]

Dr Maxine Spedding (Supervisor): [maxine.spedding@uct.ac.za](mailto:maxine.spedding@uct.ac.za) or 021 650 3452

**If you have any questions, comments or complaints about your rights as a study participant, please contact Ms Rosalind Adams at the Department of Psychology, University of Cape Town: 021 650 3417.or [rosalind.adams@uct.ac.za](mailto:rosalind.adams@uct.ac.za)**

**I \_\_\_\_\_ (name) have read the above and I am satisfied with my understanding of the study; it's possible benefits, risks and alternatives. My questions about the study have been answered. I hereby voluntarily consent to participate in the research study as described. I have been offered copies of this consent form.**

**Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_**

**Signature of Researcher: \_\_\_\_\_ Date: \_\_\_\_\_**

**I give permission for my interview to be recorded with an audio recorder to assist the interviewer with remembering the information.**

**Name of Participant (Printed): \_\_\_\_\_**

**Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_**