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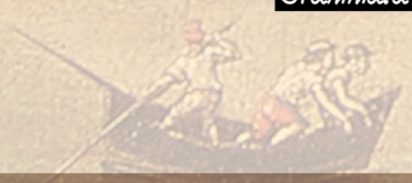
Crossing Internal and External Borders: Practices for an Effective Psychological Counselling in the European Higher Education

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FEDORA-PSYCHE

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P R E F A C E

Studying at a university can be an exciting opportunity for an individual to expand his/her knowledge and perspective, develop aspects of his/her identity and achieve personal growth. Entering the university environment is a multi-dimensional process which exceeds the learning/educational level. However, it is well acknowledged that these processes may also involve a threat to students' emotional well-being. This new knowledge and experience challenge individuals' existing level of development. This transitional period has indeed a risk of a temporary loss of personal balance which can result in different forms of psychological distress. Furthermore, the shift from higher education to working life is also a major transition that requires particular attention in terms of career planning and decision making, as students move to a wide range of occupations and organizations.

The realization of the aforementioned – and of additional needs in our fast developing world – has made student counselling a necessity within modern academic environments. For example, the increase of international students on university and college campuses as well as the new forms of communication created from the technological development, has affected the role of those professional counsellors working in Higher Education settings.

The 2007 FEDORA - PSYCHE Group Conference that was held at the University of Crete in Rethymnon, was an excellent opportunity for all these issues to be addressed and discussed within a co-operative professional and academic environment. The title of the Conference was “*Crossing Internal and External Borders. Practices for an Effective Psychological Counselling in the European Higher Education*” and provided indeed a forum for colleagues from across Europe to exchange ideas, thoughts and views on the growing field of psychological student counselling. We are very pleased to present the Proceedings of this convention, hoping that its contents will form a very important source of knowledge in this field. The first part begins with the keynote speeches, all on very critical aspects of student counselling. The second part consists of research papers on different topics, ranging from needs evaluation to mental health interventions, and from cross-cultural issues to new forms of counselling. The third part presents six very informative review papers on issues such as supervision and training, group treatment of procrastination and future perspectives on psychological counselling for students.

In the last part four brief reports are included, giving a more practical note in these proceedings.

We would like to thank all contributors of these Proceedings as well as the participants of the Conference for their invaluable input throughout the sessions.

Special thanks go to the University of Crete, the Ellinika Grammata Publications, the Agricultural Bank of Greece, and the Forum Européen de l'Orientation Académique for their significant contribution and support to the organization of the Conference.

Akis Giovazolias, Evangelos Karademas, & Anastasia Kalantzi-Azizi

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WELCOME SPEECH

Ernst FRANK

Coordinating-Group PSYCHE¹

Honourable guests, ladies and gentlemen, dear Gerhart Rott as representative of FEDORA, dear colleagues and friends of FEDORA: welcome to our PSYCHE-conference. Thank you very much to the organization team around Anastasia Kalantzi-Azizi and Evangelos Karademas, who ever organized a congress knows what that means, you have already done a great job. I want to give my great thanks for the possibility to be here and for your invitation.

I would like to give apologies from Christian Cormier and Sue Steging. Christian Cormier, our FEDORA president, is sorry that he is not able to attend - as our conference and the start of the academic year in Poitiers coincide. And Sue Steging of the PSYCHE coordinating group can not come because of a family emergency. Both send their best wishes to all of us for this important event.

The title of our congress is “Crossing internal and external borders. Practices for Effective Psychological Counselling in the European Higher Education”.

Let me say some words and associations about the subject.

When you came to Crete, to Rethymnon, many of us had to cross national boundaries. Your identity had to be checked by showing your passport, you had been checked not only by x-ray. You had to declare your identity, otherwise you wouldn't be allowed to be here. You had to declare, who you are. Right away a difficult question, no, a difficulty making question: Who are we really? And right away we are in the field of personality in a psychological sense, of self-awareness, self-confidence, self-esteem and so on. But we also crossed cultural borders and language borders.

We have borders everywhere, not only external. We also have internal ‘borders’; in our mind, in our hearts, in our behaviour. Space and borders outside in the world have their equivalents inside of us, in our psyche. In both worlds life without borders is not possible.

Borders and a wall had been between West and East Berlin, between Protestants and Catholics, between Christians and Muslims, between people of the city and the country, between academics and workers, between young and old people. And so on. And there are also internal borders: between reality and ideals, between brain and ‘stomach’, between anima and animus, between nature- and cultural-patterns, or thinking and doing, and so on.

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Borders can be like a prison wall and result in isolation. But it also can be a protective barrier; it helps to protect against being overwhelmed by impulsive forces and psychological injuries.

When we say for instance “border violation” then this can be some conflict at a state border or at the fence of a garden, but also in a psychological sense, in terms of no respect for and encroachment on a person, no respect for his or her privacy.

We also meet borders as ‘chapters in our lives’, when we want and have to cope with new psycho-social chapters of our human development. For instance, the change from being an adolescent to becoming an adult, or at the end of the study of being a student not any more. Or at the transition to retirement, as I will be soon.

And we should not forget: that we have the psychiatric diagnosis of “borderline”, a personality disorder, a mental illness, an illness concerned with boundary difficulties.

Dealing with the foreign produces ambivalent and contradictory emotions, on the one hand there is the fascination of exotic and on the other hand xenophobia.

To move beyond some borders is always an adventure and a special situation, but there is always a basic anxiety, this is a psycho-social phenomenon. ‘Space’ is a human activity, and dealing with borders is always a psychological operation. Martin Heidegger said: “A boundary is not that at which something stops but, as the Greeks recognized, the boundary is that from which something begins...” (“Building, Dwelling, Thinking”). ‘Borders’ have a special interrelation. The elements are separated from each other by the border but are also and at the same time relating to each other, they are oscillating.

There are 3 phases of crossing borders and using bridges: the separation from the old ‘world’, the phase of transition and the adaptation to the new ‘world’. These 3 movements are often the content of our professional field as student-psychologists and psychotherapists, because being a student is also the time of coping with separation from home and many other changes and transitions. And as it says in the title of our congress: it is our practice to enable and help with effective psychological counselling in the European Higher Education. I am sure and I am looking forward to Anastasia and Vangelis along with their team helping the conference-participants to get to know more about Greek culture and mentality, and after that we will come home, enriched with memories and experiences – and, you may be astonished, that we end up knowing more about ourselves. Because being abroad and in foreign culture you are thrown back on yourself.

Our task as psychologists is to help our clients handle their internal borders, barriers and limits. That they, for instance, overcome their shyness-barrier, or widen the limits of their courage. Other descriptions of borders our clients mention are for instance: closed door, horizon, hurdle, obstacle, block (like black-out during an exam). The opposite of ‘borders’ are seen as infinity and eternity.

I want to mention another aspect of ‘borders’, regarding FEDORA: a border can also be a barrier as already mentioned. When I heard of FEDORA for the first time, I was interested in it and wanted to become a member. But I could only speak English, no French, no other language. And even my English was lousy (and still it is not very much better as you can hear). I didn’t have the courage to risk it. But I saw the chance of an international viewpoint, necessary working at a University, going beyond national

boundaries and restrictions. By the way: the Austrian psychological student counselling centres have been established as a result of information about foreign student counselling centres in other countries, especially Anglo-American countries. I tried to improve my English and I also saw, that other colleagues from other countries also have their problems and also enjoyments with communication and understanding in foreign languages. I then overcame my language-barrier and my shyness-barrier. I know many colleagues, who would like to join FEDORA, but they are afraid that their language-barrier is too big for them. Tell your colleagues at home when you tell them about our PSYCHE-conference in Rethymnon, that there are many foreign colleagues and that we are many with difficulties of communication. They wouldn't be alone. Encourage them to join. At our next PSYCHE congresses maybe we should offer some additional language courses in English or also French conversation regarding our professional field.

When students come back from an Erasmus year studying abroad, they have to cross borders, but they have to find their way back to their "old" world, crossing borders again, now in the opposite direction. Students change during their stay abroad, they don't come back as the same person, and also in the meantime his or her 'home' and environment will have changed and they have to assimilate and incorporate it as though it were foreign again. This is not always easy, often overlooked and often covered up. But no doubt: travelling is a special form of self-awareness and can help to establish identity. We are crossing borders to get lost and to find ourselves again, to change our roles and our images, and also our perspectives. That is valuable for our development. I heard that the shortest way to find ourselves is to go once around the world, because travelling enables the dialog between the unknown and the other, including the unconscious part of oneself (I refer already to the keynote-speech of Peter Stöger).

It would not be typical of me, if I didn't mention some critical aspects besides the positive one. In a guide of UNESCO (Knight, 2006) with the title "Guide to the Implications of the General Agreement of Trade in Services (GATS) for Cross-border Education", an expert team writes: "They [many educators] therefore question why there is such interest in the prospect of increased mobility of education. The answer lies partially in the fact that while cross-border education is an important aspect of the internationalization of higher education, it has not been subject to international trade rules and, until recently, has not really been described as commercial trade. The fact that the General Agreement on Trade in Services (GATS) clearly identifies education as a service sector to be *liberalized and regulated by trade rules* is new territory for the education sector" (Knight, 2006, p. 15 and 16). In my opinion it is a development which we, as psychological student counsellors, should watch carefully the effect of this regulation by commerce and trade on the psyche. We can be the specialists for that. We have to be aware, not more but not less, of the possibilities and boundaries of psychology in relation to economic models and demands. It should be discussed and kept conscious, because it will impact on our work as psychological student counsellors.

"Crossing borders" also means to travel. And there is again a connection to our job as psychologists and psychotherapists. During psychological counselling or psychotherapy we have a "journey" into often unknown areas, called the psyche.

The Portuguese novelist José Saramago (2000), the winner of the Nobel Prize for

Literature, tells us in his book “Journey to Portugal” – and I like this differentiation because it is helpful to express a personal interest – that a “traveller is not a tourist” (p. 325). In his eyes there is a big difference. To travel is to discover; the rest is simply finding, he says. Tourists often have expectations of a new or foreign country, formed by film documentaries or travel guidebooks, with the result that they nearly can not be surprised. And additionally they are often disappointed, because the reality doesn’t look like their expected imagine. A traveller on the other hand can not be disappointed, he accepts what is there, what he finds, what he meets.

I think it is a nice illustration of our job as psychologists, that it is not easy to try to become a traveller in the case of the psyche, and not a tourist with prejudices and the standardization of what has to be seen. It is not easy always to be a ‘psyche-traveller’, who can remain interested and curious about the strange and foreign inner world called the psyche.

We as FEDORA psychologists and psychotherapists are in a lucky position, because one of the basic elements of FEDORA is, for me, its international orientation, the possibility of international professional exchange and the possibility of opening our minds - and of then finding ourselves, and not only as psychologists. Like we do during travelling and by crossing internal and external borders.

On behalf of the PSYCHE coordinating group, with Sue Steging, Anastasia Kalantzi-Azizi and Ton Boerkhorst, we wish you a pleasant, interesting and beneficial conference, as “travellers” in affairs of psychological student counselling and all its international aspects.

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PSYCHOLOGICAL ASPECTS OF STUDENT-CENTRED APPROACHES IN HIGHER EDUCATION

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Abstract

The paper aims at exploring the impact of psychological counselling in higher education within a student-centred learning environment. In a reconstruction of the theory and practice provided within the framework of FEDORA-PSYCHE, it identifies three different approaches within this professional discourse that reflect the interdependence of student counselling with the overall development in higher education: a critical approach; a problem-solving approach; and a communicative-cooperative approach. Within the general European discussion on the development of a European Higher Education Area the student-centred approach has been identified as a means to build bridges between counselling and educational and policy discourses. The paper focuses on four aspects that are especially appropriate in this process: competences, creativity, innovative coping with challenging differences, and flow and structure. The aim of this paper is to explore common ground and to identify a conceptual framework to the bridge the professional discourse within the psychological guidance and counselling community and the more general discourse on policy development of the European Higher Education Area (Bologna Process).

Keywords: Psychological Counselling; student counselling; European Higher Education Area; Bologna Process; competences; creativity; flow; internationalisation; separation and attachment; cross-cultural knowledge; interdisciplinary skills.

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Honourable guests, dear colleagues,

I would like to thank you for the award you have offered me on behalf of PSYCHE and your university. You have mentioned my contribution to the development of psychological counselling in higher education (HE) on a European scale and specifically to the development of the professional network of FEDORA-PSYCHE (Forum Européen de l'Orientation Académique – Psychological Counselling in Higher Education). I must say in all honesty that I should pass this honour on to the many colleagues in many countries who have participated in building up FEDORA-PSYCHE. It was only possible to achieve anything at all through the inspiring work they all have done.

1. FEDORA-PSYCHE – a European discourse

FEDORA-PSYCHE is basically a European discourse. This discourse has been fed by professionals who are engaged in the daily work of psychological counselling with students and in the establishment of an appropriate organisational framework and setting to fulfil this task. Practitioners and researchers have contributed to this discourse. It established common ground and it deepened the awareness and understanding of different conceptual approaches. It helped to develop new views and practical ways to cope with the demanding task of supporting students through a challenging period of their lives within a demanding educational environment.

From the very beginning of this professional and theoretical endeavour one of the objectives was to reflect the interdependence of student counselling with the overall development in HE.

Within this process one can identify:

- A critical approach to emphasize phenomena in HE and society which endanger the mental health and personal development of students
- A problem-solving approach which aims at offering educational, institutional and treatment procedures to improve the effectiveness of HE
- A communicative-cooperative approach which aims at improving and facilitating a shared understanding of counselling within universities, emphasizing common objectives and increasing an institutional understanding of the added value of counselling services for the university.

All three approaches draw their strength from current professional knowledge in the field of counselling and psychotherapy as well as in that of psychology and other related disciplines.

After PSYCHE was informally established in Amsterdam in 1990 colleagues of the group contributed to the FEDORA Congress in Berlin in 1990, where they organized the section on counselling methods (cf. Hochschulrektorenkonferenz, 1991). At this Congress PSYCHE became formally accepted as a FEDORA working group. At its symposium in Naples in September 1992 the group intensified its work on the report *Psychological Counselling in Higher Education - A European Overview* (cf. Bell, McDevitt, Rott, & Valerio, 1994). Based upon this intensive preparation PSYCHE

prepared one of the four workshop sections on its own for the first time at the FEDORA's Congress in Barcelona in 1994. Already here at this very beginning you find the three approaches I have mentioned. Of course they may be intertwined but still one of the approaches was always highlighted. The critical approach was introduced by Ann Heyno. Emphasizing the danger that the market economy might produce "a generation of learners with an 'adhesive identification'", she was calling for a "battle against adhesive learning" within the training of counsellors and in HE as a whole (Rott, 1994, p. 60). The problem-solving approach towards the university as an institution was represented by presentations on retention rates by Barbara Rickinson and on study procrastination by Eric Depreeuw as well as in the reflections of the development of training courses "preparing for exams" (ibid. p. 58) by Helga Knigge-Ilner.

Finally the communicative-cooperative approach can be identified in Elsa Bell's presentation. She emphasized that within the cooperation of academics it is important to understand that counsellors represent the "needy [but despised] aspects" of the academics and university and to allow the university "to hear without being threatened" (ibid. p. 50). She asks counsellors to use their professional understanding of institutional dynamics to dissolve fantasies by the realistic quality of communication. On the side of the counsellors she calls for courage and subtlety to broaden the basis of cooperation within the university (ibid. p. 50).

With PSYCHE'S contributions to FEDORA congresses, to FEDORA summer universities, to the two congresses of the European Congress of Psychology on Practice and Research in Athens and Dublin, to the ASC conference on cross-cultural issues and last not least to PSYCHE'S own conferences in the past and now here at this conference in Rethymnon at the University of Crete, input has continually been given to various aspects within those three approaches. In this way the analysis as well as the practical institutional development of psychological counselling within the context of HE has been clarified, enriched and substantiated. As a part of FEDORA, PSYCHE has contributed to establishing common ground among the various guidance and counselling communities and supported the endeavour to substantiate dialogue about the role of guidance and counselling in the wider academic and political community.

Both the content and framework of PSYCHE were restructured at the FEDORA Symposium in Krakow as well as at the FEDORA Congress in Vilnius, where these were linked explicitly to the development of the European Higher Education Area (EHEA). The European University Association and the European Commission were present at both events. At the Vilnius Congress a focus group contributed to the Trend V report on the Bologna Process and, drawing on their conclusions, the final Trend V report emphasized the need to develop high quality student guidance and counselling facilities throughout the EHEA (cf. Crosier, Purser, & Smidt, 2007, p. 47).

It was an encouraging sign that Jan Figel, the EU Commissioner for Culture and Education, acknowledged the importance of guidance and counselling for the implementation of the EHEA (cf. Rott, Katzensteiner & Vos, in print).

The results of these thorough reflections and debates were synthesized into *The FEDORA Charter on Guidance and Counselling within the European Higher Education Area*. The Charter can be perceived not only as summing up past debates, but at the same time as

a starting point for a new and challenging debate which might develop in the coming years.

2. Future dialogue on HE and the student centred approach

This dialogue will be on the quality of adaptation of the contents and the educational procedures to structural reforms in a number of countries (Rott, in print) as recently confirmed in the Trend V report (cf. Crosier et al., 2007) as well as in the recent Lisbon declaration of the European University Association (EUA) (cf. EUA, 2007a). A mere superficial adaptation of structural reforms might decrease the quality of HE instead of increasing it.

On the other hand, if HE contents and educational structures develop more in a way that is more in sync with the underlying logic of the Bologna Process, new opportunities to create a fully functional EHEA might arise. The exchange about national traditions, backgrounds and ideals of HE – which have sometimes been positioned in fierce contradiction to the implementation of the Bologna Process – is well able, on the other hand, to enhance the depth and thoroughness of the reform process. If the debate becomes truly European it will have huge impact on the further evolution of our universities, their position in European society and in this way on our culture and civilization.

One of the concepts which the EUA and research on the Bologna Process emphasizes is the student-centred or learner-centred approach. It is linked to the modularization of courses, comparable degrees, ECTS, recognition of studies, employability and lifelong learning. It also has a nexus with the establishment of a European qualification framework and the sometimes quite controversial debates connected with this project (cf. EUA, 2007a, p. 3). The learner-centred approach is perceived as a perspective to empower students to achieve the organisational and educational objectives of the EHEA.

The Trend V report, for instance, observes a shift from governmental and legislative procedures towards a focus on action within the institution in “broad support for the underlying idea of more student-centred and problem based learning” (Crosier et al., 2007, p. 6). Student-centred learning and problem based learning are conceptualized as a new paradigm in HE. Although the focus in HE reform has so far lain on structural changes, an increased awareness is observable “that the most significant legacy of the process will be a change of educational paradigm across the continent”. This is coterminous with a movement from a teacher-driven to a more student-centred approach in HE (ibid. p. 7). Yet, an interesting contradiction within this development can be identified. Though there has been general appreciation of the value of student-centred approaches at the level of concrete curriculum reform, it has rarely been mentioned as a guiding principle. Nevertheless, practical steps in curriculum reform have evoked deeper reflection on student needs and developmental processes and a “shift in thinking may follow instead of precede a reform of structures” (ibid p. 20). Interesting interactions emerge between theoretical concepts and practical demands, and the

question arises in what way the more general concepts of learner-centred approach can and will be put into action within the EHEA.

Core elements of the learner-centred approach are active involvement in the learning process and the broadening of choice in what and how one is learning (cf. O'Neill & McMahon, 2005). Interactive involvement and participation, as well as the general learning settings, evoke a learning in which emotional and cognitive processes become supportive to each other. The learner can perceive his/her learning as steps in personal empowering. Without denying the role of power in education – let alone in educational institutions – learner-centred approaches strive to modify the balance of power from teacher towards learner. A thorough reflection of the implications of the modes of assessment for the learning process is an essential part of this shift. Learner-centred approaches convey skills and knowledge to support the learning process and the transference of acquired knowledge into contextual application, but they also need these kinds of skill on the part of both student teacher.

How and to what extent the general principles of learner-centred teaching and learning will be integrated into HE is a question of immediate concern. Curricula designed within the Problem-Based Learning (PBL) in some countries or Personal Study Plan in Finland (PSP) are concrete steps in that direction. But the question remains how these general concepts can develop a student-centred approach across the whole EHEA. This might invite us to take a fresh look at the rich heritage of concepts developed in the period in which our universities were distinctly “national institutions” (Rovio-Johansson & Bull, 2006, p.3) – e.g. Wilhelm von Humboldt’s 200 year-old concept of “*wissenschaftliche Bildung*” which reflects coherently the interdependence of personal autonomy, the development of knowledge and the interactions with other members of the academic community within the context of his time – and not only of his time, for the system he founded has endured in Germany right up to our own day. The historical reconstruction, in the widening European context, of deeply rooted local and national concepts, might foster the construction of a richer and more widely accepted European vision of HE both in theory and practice. Or to put it programmatically, the big is beautiful where it incorporates the proven values of the small.

Be that as it may, the overall debate indicates that student-centred learning provides an outstanding field for the counsellor to connect the knowledge derived from clinical work with students and the general reforms of teaching and learning. It provides perspectives to bridge the discourse within the psychological counselling community to the larger discourse on the development of the EHEA. And it offers opportunities for all three approaches which have accompanied our discussion to engage in this endeavour: the critical, the problem solving and the communicative-cooperative approach.

I would like to suggest four topics which seem to me especially appropriate to the task of building bridges between counselling and educational and political discourses:

- competences
- creativity
- innovative coping with challenging differences
- flow and structure.

2.1. Competences

Within the EHEA competences are defined in comparison to learning outcomes. “Learning outcomes are statements of what [students] should know, understand and/or be able to demonstrate after completion” of single course units or modules (González & Wagenaar, 2005, p. 32). The structure of competences is more complex. They “represent a dynamic combination of knowledge, understanding, skills and abilities” (Wagenaar, 2006, p. 11) which educational programmes seek to enhance as an overall objective. They cover e.g. autonomous and reflective action, critical thinking, information management and study and research skills (self-regulated learning), time management and other self-management skills, interpersonal and intrapersonal skills like empathy, language, mathematical and digital competence and the ability to learn how to learn. All these elements are connected to the competence of life-long learning (cf. Commission of the European Communities, 2005). They are also closely connected with attempts to empower students to perceive their studies as part of a career construction process.

In a way it seems easy to build bridges between the concepts of competence development within the student-centred learning paradigm and psychologically and psychotherapeutically based counselling interventions. To enhance self-efficacy expectations, to improve self-regulative cognitions and actions including setting goals, to monitor process and progress, to use problem solving and stress-management skills including an enhanced awareness and understanding of emotions are all part of intervention procedures. They may concern e.g. procrastination (cf. Schouwenbourg, 2005), examination anxieties (cf. Karademas, Kalantzi-Azizi & Efstathiou, 2005) or the improvement of social skills (Luderin, Tortorella & Castellini, 2005). The enhancement of these coping abilities not only improves successful behaviour patterns but also reduces threatening emotions and contributes to positive interaction between the individual and their environment. All such abilities foster the development of self-esteem and support learning competencies as described above. Inasmuch as counselling interventions and settings generate an understanding of meta-cognitive knowledge and stimulate their subject to reflect and attribute constructively (cf. Masui & De Corte, 2005) they support an important feature of self-regulated learning.

But from a critical point of view one might well question so thorough an intertwining of counselling interventions with the concept of competence. After all, an immanent counselling perspective often accentuates the limitations rather than the outreach of counselling interventions. For example, as Schouwenbourg has emphasized, procrastination may be linked to deeper personality disorders which require a more “holistic enterprise, like psychotherapy” (Schouwenbourg, 2005, p. 77); or procrastination might also be a kind of addiction, in which case not curing but “the maintenance of dilatory behaviour at a ‘normal’ rate” (ibid) would be the prime objective.

Furthermore, with respect to broader cultural patterns one might question whether the emphasis put on competencies and the need to develop them might not encourage the drive for “perfectionism” – especially among female students, as Trine Fredoft and Mette Bauer have indicated (cf. Bauer & Fredoft, 2006). This kind of perfectionism may have its roots in a lack of separation from explicit or hidden parental expectations and

pressures. It increases the level of anxiety. It would, therefore, be essential for students affected to understand and overcome such a dependency before putting more energy into the development of competencies. Ernst Frank, in his contribution to the Groningen Conference, has in this sense warned of developing a “fast food student psyche’ due to the pressure of education politics” (Frank, 2005, p. 50).

To counter such dangers one might, within a more general social perspective, demand that competences be reflected in relation to their function of “power exertion in a post-modern consumer society”, as Steinar Kvale suggested at the 2003 FEDORA Congress in Odense (Kvale, 2006, p. 91) – the crucial questions here being who is exerting power upon whom, at what point, and to what effect? In that sense it is certainly a task of the counselling profession, not merely to provide know-how for the development of competencies, but at the same time to underline the psychological conditions governing that process, and to argue unwaveringly for a deeper understanding of their relationship to personal development, as well as to cultural patterns inside and outside the university.

2.2. Creativity

One of the main projects of the EUA has recently been the creativity project, in which more than 21 countries participated. It was not accidental but with strategic intentions that the EUA focused on this area. The project identifies the danger of purely mechanistic applications of procedures to fulfil policy expectations and achieve “predefined targets” (EUA, 2007b, p. 6). It sees the strengthening of creativity in HE as a core prerequisite for the success of the European Higher Education institutions and the emergence of a knowledge society. Such a view requires reappraising all internal and external conditions which might promote or hinder creativity, including – last not least – innovation in teaching and learning. Thus the document reaffirms the teacher role, which often seems rooted in other educational environments, as of utmost importance to foster creativity among students. “[...]n some instances the teacher will play the traditional role of organiser and provider of knowledge; in other instances the teacher’s role will be that of facilitator, instructor or mediator, and the learners will take on the roles of researchers and organisers of their own and others’ in their learning process” (ibid. p. 28). To this act of decentralization corresponds a growth in the variety of learning settings like “study circle, workshops or debate café, which transcend the one way teaching, passive listening and strictly hierarchical relations” (ibid.).

The very beginning of a student’s experience is perceived as already significant, and in cases where institutions have selection procedures they should strive for diversity. The introduction to university can have positive impact on student-centred attitudes and contribute to the genesis of collaborative and social competencies especially when senior students in their support of the new students convey the idea of co-ownership of the teaching and learning process.

But creativity in academic achievement, however desirable, should not itself be seen in narrowly academic terms. In numerous contributions to the discourse of psychological counselling it has been emphasized that “the university is a social and communicative network that students relate to in a very important period of their life” (Rott, 2002, p.

27). Ann Conlon, in her contribution to the PSYCHE Conference on Separation and Attachment, described how students hope that within their important transitional phase to early adulthood the university might offer to them a “benign environment” (Conlon, 2002, p. 94). This is a facilitating prerequisite to accomplish demanding psychological tasks, among them “the capacity to apply one’s learning and talents to work or study” (ibid. p. 95). Entering university, students ideally initiate themselves into acquire knowledge in a domain of creativity. Crucial to this environment is interpersonal (role-based, role-defining, role-expanding) knowledge within the student group and between that group and their teachers. Within this context students can develop or enhance important elements of a creative personality: imagination, self-confidence originality, commitment, and the ability to cope with frustrations (cf. Holm-Hadulla, 2007, p. 15f.). Stereotypes can be dissolved and the ability “to experience the world along modalities” (Csikszentmihalyi, 2000, p. 341) can be supported in an encouraging environment.

Analysing the support by psychological counselling in fostering creativity, Ann Conlon puts the application of talent to work and study in relationship to the more comprehensive task of personal development. Students have to find themselves “within a new setting while yet retaining the capacity to be open to new experiences and knowledge” (Conlon, 2002, p. 96). They may be confronted with unresolved emotional problems, both normal and neurotic in origin, and seek help in counselling. Arising in this uniquely intertwined academic and psychological setting, the professional reflection of students’ personal experiences can substantiate dialogue on the question to what extend and in what limitations student-centred learning can contribute to enhancing creativity.

2.3. Innovative coping with challenging differences

One of the core elements of the Bologna Process and the creation of the EHEA is an increased mobility on the part of the students during their studies. Spending some time working or studying in a foreign country provides students with the ability to acquire new cross-cultural competences that lie outside their field of study. At the same time, students may come face to face with a whole new set of potentially risky and stressful situations and interactions, cultural differences “such as religion, political system, climate, dietary habits etc” (Depreeuw, 2005, p. 3). Students in an international context have to adapt to a variety of competing, sometimes even contradictory values, rules, beliefs and attitudes. The failure to adapt may lead to confusion and loss of identity, which in turn might negatively influence their academic performance (cf. ibid., p. 11f).

For the work of guidance and counselling professionals, this process of internationalisation entails an increasing complexity of separation and attachment issues among their clients, who bring with them diverse personal and educational experiences coming from a variety of cultural and language backgrounds. According to Depreeuw, the main issues with which guidance and counselling in an international context are confronted can be summarized as follows (cf. ibid., p. 14ff)

1. academic issues such as an insufficient preparation to meet the standards of the host institution or difficulties in adapting to different teaching methods
2. communication issues such as lacking language proficiency
3. social support or lack thereof

4. gender role expectations and inter-gender behaviour
5. life habits and cost of living
6. discrimination and racism or stereotyping

To successfully resolve such issues, both the guidance and counselling professionals and the students need cross-cultural knowledge and empathy. Additionally, it is the professionals' task to create a structure and an atmosphere in which the student can understand that there exists something else, something alien around them and accept and respect this something else. To do so the student first needs to understand himself/herself before he/she can find their place in relation to the other.

To be able to find their place in a new environment, students need to build up conceptual networks. "Conceptual network [...] means the creation of a new form of contact" (Rott, 1996, p. 114). This involves active use of personal experiences in encounters with others, and at the same time accepting that there are differences in experience and background. The attempt to establish common ground will then open out into new knowledge.

On the part of the professionals it is important to avoid stereotyping in dealing with international students. Overgeneralizations such as "the Italians are..." or "the Germans are..." are often not very useful (cf. Lago, 1996, p. 86). Guidance and counselling workers need to be sensitive enough to avoid the pitfalls of cultural encapsulation, cultural spotlight or cultural blindness. A counselling setting encourages to "become conscious of cultural differences and obstacles and look for creative strategies to bridge them" (Depreeuw, 2005, p. 19). This of course can only happen in interaction and cooperation with the student.

On the knowledge level, "coping with challenging differences" refers to the acquisition of so-called inter- or transdisciplinary skill, i.e. skills that are not only important in one's field of study or chosen profession but are applicable across discipline boundaries in any given situation. Today, the possession of such skills is at the heart of employability. It is also an essential feature within the reorganisation of knowledge. To acquire interdisciplinary skills students will have to learn how to integrate knowledge that lies outside their field of studies into the knowledge taught in their discipline. Such a reorganisation and adaptation of knowledge may lead to stressful situations when it shows students their own limitations within a subject. It is then the task of the counsellor to help with this reorganisation process. Counselling professionals are especially competent in this field as they are experienced in active listening and in monitoring the reframing of experiences within their clients. They have the ability to encourage students to "put their feelings, thoughts and perspectives into a new framework" (Rott, 2006, p. 185). Within the counselling setting students learn to understand their intellectual and emotional experiences in a new way; they establish new experiences and evaluate those in a new context. They are then able to reframe their abilities for new cognitions and actions.

The counsellor can therefore encourage the enhancement of self-regulating learning competence in alien and complex environments. In a modern setting, as Humboldt put it (Humboldt, 1960, p. 236), counsellors help students to connect their I with the world within an academic environment of high complexity.

2.4. Flow and structure

Within the overall policy development of the EHEA the task to balance structural reforms and the demands of flexibility is one of its core issues. Within the Bologna Process the EHEA has to cope with the task to develop a common framework which facilitates mutual understanding and transparency and at the same time responds adequately to changing demands in a changing society. On an institutional level the EUA proposes an increase of institutional autonomy in which universities can design and implement their own mission, which should be consistent with the structural requirements of the Bologna Process including coherent qualification frameworks and accreditation procedures. The same search for balance is reflected within the development of the learning environments. The Trend V report acknowledges that qualifications are becoming more transparent and widely understandable, but at the same time it identifies the need for societies “to cope with a certain amount of flexibility and uncertainty with regard to qualifications” (Crosier et al., 2007, p.24). And the programmes that lead to these qualifications must themselves become more flexible if they are to meet the needs of the learner.

The design of modules and curricula of courses are a structure which the teaching staffs negotiate on the basis of their academic discipline and its applications –preferably with some participation of students and the involvement of internal and external stakeholders (cf. Wagenaar, 2006, p. 10f.). Within a hopefully auspicious learner-centred environment, which combines flexibility and internal consistency “students [will] ask questions, contribute to discussions in their field, write papers, do independent research and ultimately challenge views and theories in their discipline” (Bergan, 2006, p. 19). The skills, attitudes and values – in short the competencies – they develop will be enhanced by the student during the process of learning and become part of their own long-term personal development.

Within the discourse of FEDORA-PSCHE and the wider discourse on psychological counselling the question how the relationship between the internal personality structure and the external educational, cultural and social structures can be perceived has been a core issue. The way students as young adults adapt to the demands of their role by developing awareness of their own inner worlds, and enhancing the scope of their actions in the face of internal and external requirements, has been discussed from numerous angles. They cover e.g. the development of identity in a period of change, coping with psychological distress test anxiety, the enhancement of wellness, adaptation to a new culture. One might interpret all these psychological processes as an attempt by students to find a new balance between internal and external structures and requirements – which again opens up opportunities for counselling support. These balancing processes can be facilitated and/or accompanied by positive emotions as Anastassios Stalikas emphasized in his speech at the FEDORA Congress in Vilnius (cf. Stalikas et al., in print).

The experience of balancing might be described in the terms of Kuhl’s motivational theory as “holistic processing” (cf. Kuhl, 2000) – or the sense of a fit between self and encompassing world. Such balancing skills will enable students cope with anxieties and worries on the one hand and with boredom on the other. They can enhance what

Mihaly Csikszentmihalyi and his collaborators have described as “flow”, which again refers to a sense of harmony between the student and their study processes and tasks. Flow in this sense is a kind of expression of the Self within the task, but is not reflected deliberately as such. In the aftermath of those experiences students’ self-confidence will increase. According to Csikszentmihalyi “it makes sense to assume that frequent flow will result in a higher overall level of self-esteem” (Csikszentmihalyi & Rathunde, 1993, p. 76). One should not forget, however, that a prerequisite for ‘holistic procession’, ‘fit’ and ‘flow’ is that the learning task should meet the student’s internal world and match the skills which allow him or her to experience self-esteem. Working with students at the interface between personal and public structures, counsellors can be most effective when they are critical and at the same time constructive partners in the ongoing dialogue.

3. Conclusion

Student’s relationships within and towards the university as a social environment develop at different levels. They must adapt themselves to a new environment focused on knowledge, teaching and learning; yet this relationship goes beyond mere adaptation. It is equally a developmental process of individuation in which each person finds a balance between inner and outer world that is appropriate to them. HE today puts explicit focus on acquiring this balance.

The task of acquiring knowledge and establishing a creative balance launches the individual on a limited and at the same time open-ended process. The most advanced concepts of HE today perceive the student role as being actively and explicitly engaged in personal development of the self in relationship to social and knowledge contexts.

The ability to learn and to develop the learning process as well as to adapt and balance life, work and leisure, is becoming a core concern of HE. Following this line of argument, the student-centred approach is an attempt to empower young people in their dual role as students and citizens. It is an attempt by the academic community to contribute to the objective of the European Council to “contribute to the empowerment of individuals to manage their own learning and careers” (Council of the European Union, 2004, p. 7). In this way Higher Education tries to support a meaningful, reflective social construct of identity which enhances opportunities for the individual and society.

I feel it is an exciting and challenging perspective to bridge this discourse with the discourse which has been developed within the context of FEDORA-PSYCHE and beyond on European perspectives of student counselling. I am convinced that this encounter of discourses will develop further in the coming years and I have to admit that the papers, workshops and social encounters at our conference during the past days have me convinced even more not only with my mind but with my heart that this encounter will be enriched by the critical development of new insights, new supportive practical solutions and more common understanding between psychological counsellors and psychotherapists, academic teaching staff and students.

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EUROPE, THE CONTINENT AND HOME: SPECIAL REGARD TO THE ASPECTS OF “FOREIGN” AND “ONE’S OWN”

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Abstract

The reflections base on the question of *identity* with special key-ideas to the aspects of ‘What is *foreign*’ and ‘What is *one’s own*’? “Little *home*”: Can we put it in relation to a wide-circled expression like “*Europe*”? Maybe it is a most important piece of “the *innermost*”. The article points out the meanings of “*re-membrance*” and “*hospitality*”. If we probe deeply enough we will discover that all of us have already experienced forms of *migration* (it need not to be an exclusively geographical one). “*The other*”: Is it the other side of this “innermost”? Does it belong to the same e(x)volution of the psyche? A learning process which is also existentially effective and which contains the aspect of being touched and affected is important for building that bridge to what is or makes foreign or strange in our common European house.

In former Turkish traditions the expression “to go to a foreign country” signified: “I go to summer pastures”. “Home”: What is it? What ..., as if it were just a thing. Or could I say: Who are you? Personifications of this word particularly tend to emerge when home seems to get lost. I am thinking of the role Nelson Mandela played for many in Africa and for those in European exile too ...

Home: Is it a place? Before our birth, mother’s heartbeat was our basic lesson in music, experienced, as one might say, in its original home.

Asking: Is home a feeling? Is it something, which is objective? Can it be measured... Is it virtually reachable?

Is it something to be suspicious of? After all it is suspiciously often used in speeches. Can you analyze it? Is it sociologically sizeable?

Is it something highly inflammable, with heart’s blood?

Is it something you can put into a song, as it is done in melodies of Crete?

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Is it something that can be defeated? Without any doubt, it is still defended. Whatever the cost, whoever the cost. Examples are to be found throughout Europe.

Is home something that can be exploited? This word was one of the most ill-treated words in books, especially in school-books of the NS-Time. Should we therefore delete the word, get rid of it? But if we get rid of all the words that have already been abused.....will we not soon be left speechless?

So many questions... Let us try to find some *approaches*, knowing that an answer is always the tear-off picture of the way the questions are asked.

1. Little home

Where I am at home we use to say for little home “Hoamatl”. It is a warm expression. Home is often an equivalent for being in one’s house. A place in space and an emotional place are mostly synonyms for “being at ease”.

But are we all at home where we happen to live or where our houses (our lodgings) happen to be? Being at home does not only imply a geographically limited place, a flat with furniture and knick-knacks in a glass case.

Being at home – in case it really means being at home – means, above all, a place of the I and the You (Martin Buber spoke about in “I and You”, his principle-work). We may share a geographical place which we refer to as “being at home” or “home” or, as I mentioned, “Hoamatl” (this Austrian dialect-word for home implies a feeling of security and warmth). But this is not true for all of us. In a report of the local police in Kössen (a little village in the Tyrol) we find its symbolic perversion and intensification. On the 12th of September 1940 we find the entry, ‘Today the Jew Sara Berta Novak was transferred to the Gestapo headquarters in Innsbruck and Kössen is free from Jews. (Archives of the Austrian Resistance, DÖW-document nr. 12.967, quoted in: Resistance and Persecution in Tirol 1934-1945, vol.I, 1984, p.448)

In the case of Austria people mostly do not talk about “Hoamatl” any more but about home as if it were something different again. Is Austria, therefore, the “sum” of many “Hoamatl” and Europe the “sum” of even more of them?

The degree of approvement seems to disappear with distance.

The surname “Österreicher” (Austrian) exists and it stands for the displaced Austria. Johannes Österreicher was Viennese. He became a priest. From 1934 – 1938 he published a magazine against Anti-Semitism in Austria. With this name he had to leave his home country. Österreicher became famous for his radio speeches “Against the tyranny of racial mania” broadcasted to Austria from a broadcasting station in Paris. There the Gestapo caught up with him again. He had to take refuge again. He founded the institute for Jewish-Christian studies at Seton-Hall University in New Jersey. An introduction to the radioscript of that time, written in 1985, shows Österreicher’s sense of humour: *“I owe my readers some explanations. The first 4 sermons start with the words of welcome “Brothers and Sisters” while the listeners are addressed as “friends at home” in the later ones. (...) By a mistake of the announcer (...) the Gestapo had found out that I was the priest. From a comparison of the voices they concluded that I also*

held the Sunday sermons which, of course, was unacceptable for them. As a consequence, they threatened (...) with reprisals should I not stop to deliver confusing speeches. (...) I knew that my voice had to disappear; the "speeches" were now introduced with the words, 'You are now listening to the Sunday reflections of an Österreicher'" (1985, p. VI) (see also In Memoriam..., 1993). Österreicher died in 1993 at the age of 89, however, far away from Austria.

The voice which said "in spite of all" and "in spite of all, yes, Austria", knew that defiance is an old issue in education. The "pedagogy of the oppressed" by Paulo Freire says, that consciousness of what is home is not possible without basic reflections on the past. Seen by psycho-analysts this also includes mourning as a task. Seen by Peter Gstettner memories are watermarks of life. And watermarks serve as quality marks. What is good and kind needs to be protected and looked after – and the Austrian household is not an exception. In attaining this we may well be a little defiant.

Simon Wiesenthal, the voice of admonishment Austria, remains unforgettable:

When he was asked where he felt at home he answered
that his father had died in World War I as an Austrian citizen,
that he himself is Austrian, and Austrian by birth and
that Mauthausen, his last concentration camp, was in Austria. (s. Etzersdorfer, 1989, p.V)

What is of one's own and what is foreign, one's own foreignness, one's foreign own, near and distant, near distance and distant nearness, homelike and not homelike, hidden and unearthly. Antagonists can come so close together when talking about the home country or the foreign country.

2. The innermost

The word home has been abused and there is hardly a crime that has not been committed in its name.

Home, nonetheless, touches the innermost and the word encodes the most subtle feelings. If those feelings are intense enough they should not be lived at the expense of other people. If the home country is defended aggressively and if it is constituted at the expense of others, this actually implies a lack of inner home. The lower the self-confidence in terms of inner stability the higher the danger of depriving others of their right of residence by justifying one's own. This is especially true of some associations of individuals putting "home" on their banners who see themselves as a bastion against those fellow-citizens who have been living in the very same region for centuries. They are simply deprived of their right to be fellow-citizens. Denying equal rights, such a home is a home at the expense of others.

It is difficult to describe home from the point-of-view of humanities. Artists find this less difficult, if we think of Marc Chagall, painting the fiddler on the roof, painting his homeland around Witebsk and the Chassidic Eastern-European jewish-wisdom of Podolia and Wolhynia.

3. Re-membrance and hospitality

What we need is a culture of remembrance which does not exclude what is home from what is foreign but which includes both. The identity of a uniting Europe is based on this culture. Only in this way one can live the principle “dialogue”.

If the call “We have to look forward” also means to forget the past and to look into the future without keeping the past in mind, if this means to step ahead without history, then this would end in an unprecedented loss of identity. It is important to say after Auschwitz and after the history as it happened in Ex-Yugoslavia.

Reconciliation which is so difficult to attain and which cannot be realized without the painstaking task of mourning needs the span of hope. For this very reason it cannot be built on systematic *oblivion*. An attitude that treasures the past for its own sake and believes that steps of reconciliation would deprive the European disaster of the past of its dignity and tragedy, that coming to terms with the past would interfere with one’s identity, is of no use either. It is not without a certain touch of symbolism that Sigmund Freud, who had written so much about the mechanisms of *obliteration* and omission of unpleasant issues, before leaving for his London exile, originates from a country with a history containing the knowledge of the tectonics of obliteration and oblivion, but also that of hope which causes identity.

If I am not conscious of those deep levels where the prejudices against what is foreign are located, then I face the foreign with perplexity. And I ostracize the foreign as I do not want to lose my self-control.

If we probe deeply enough we will discover that all of us have already experienced forms of migration. It need not be an (exclusively) geographical one. When discussing the many aspects of migration we have to talk about values first. Brigitte Hackenberg once expressed it in the following way: “*A society that possesses values can deal better with the fact that there are human beings who do not acknowledge these values. But a society unsure about values is prone to feeling threatened*” (1999, p.8). This can culminate in an aggressively huge and hugely aggressive potential of forces.

I agree with Ulrike Schett who thinks that “*if you want to understand the resistance and the aggression (against the foreigner, against a multicultural society....etc, PS) you have to question your own cultural situation (...). (...) Where home can no longer be experienced as security in everyday life, where taking part in the living culture is no longer matter-of-fact, the merely abstract terms people, nation, detached from the reality of life, almost gain a symbolic significance. Thus they fill this vacuum, yet without being able to satisfy the people’s longing for home and security. This, in a tragic way, is precisely what increases the dangers arising from the nature of our culture. Those who reject others reject themselves - for what is foreign touches one’s own identity*” (1992, p. 4f). No further comment is necessary.

The question of identity asks if one can be one’s own “guest”.

Somehow we long to be guests inside ourselves, a wish for continuing the hospitality we received from our mothers before we were born. Hospitality is the source of the feeling of home. The earth is home to us all. It is “*oikos*” as the Greek old word says, is “*house*” – that means “*oikios*”, in a microcosmic sense “*cell*” and in a macro-cosmic

sense “universe”. When Václav Havel spoke to the German parliament (to “Deutscher Bundestag” and “Deutscher Bundesrat”) on 24th of April 1997 he spoke about that little word “home” and he mentioned the old-iclandic parallel-word “heimspekja”, which has the same significance as “oikos” (1998, 215). Your work, dear participants of the symposium here in Rethymnon, you are doing with students is a certain type of “eco” (=oikos) and “sophia” (wisdom).

In it’s many regions, this house offers different shapes and pictures, the house “psyché” too. Hospitality is considered to be one of the noblest virtues in the different religions and in world literature. Being a guest essentially means to make the experience that nothing can go wrong any more. Come what may. We are born and born safely: in the infinity of what makes the world – with language, poetry, songs and gestures as reflections of the very same. The longing for home permits us to be guests. Hospitality reminds us.

4. The other?

Jean Améry, the artist name for Johannes Mayer (he changed the family-name letters “M-a-y-e-r” to A-m-é-r-y, the same letters), from Vorarlberg, asked himself after being exiled, “*How many homes does a man need?*” He gives an account of “how he lost his dialect to the murderers and with that the last ties to his former home. Together with a friend and companion he lived in an illegal flat in Brussels which was occupied by the Germans. *Germans* lived in the same house, too. One day, they were just printing leaflets, someone rang at the door, and one of the *Germans*, from the SS, stood there. [Améry] (...) was overcome by a feeling of home, by an urge to reply in the familiar diction as if he could have a glass of wine and celebrate his reconciliation with the fellow-countryman, who had the skull on his cap and whose job was to kill him (...). At that moment, Améry understood forever that home meant enemy’s country.” (Strobl, 1995, p. 80 f.)

The fact that we – whatever the reason – are born into a certain family into a certain European country is our learning task, which life, destiny, whatever we call it, has given to us. Thus I have the possibility to learn from the family histories as well as from the collective common histories of my country. If we skim through a telephone directory in Budapest or in L’viv (Lemberg in Ucrania) we will find representations of all languages of the Austrian-Hungarian monarchy. It was a united Central-Eastern Europe – but the time had not come yet Home stood for nation, not for what was collective and what was collective could not be home.

European history would be unthinkable without the dichotomies of the own and the foreign, what is welcomed and what is pushed aside. The rejection of the other is very often reflected in a disturbed attitude towards (under quotation marks) “the history of one’s own” country. We can obviously assume that in this case the attitude towards one’s own “personal” life history is not entirely undisturbed either.

A learning process which is also existentially effective and which contains the aspect of being touched and affected is important for building that bridge to what is or makes foreign or strange in our common European house. This means that the acceptance of the foreign becomes a basis to face oneself as a human as well as an historical being.

The disturbed attitude towards this country's recent past shared by some people has its origin in an odd attitude towards the own personal history which, even in its most personal aspects, is also intertwined in a network of politics, economy, schools of thought, etc...

If the attitude towards one's own familiar home – if I may say so – is disturbed we run the risk of looking for home somewhere else. This may occur in the form of a “generic” borrowed home. This can also be represented by a figure who gives orders, commands, instructs, who is able to accumulate my longings and who can focus on my feelings of home, my yearning for security and being born. There are many reports about that time although many people prefer to know nothing about it or not to remember anything about it.

What are people looking for who are so much interested in the inferiority of their fellow-beings who, of course, do not appear to them as fellow-beings? After all, like people nurtured by hate, they are looking for security, familiarity and the feeling of being welcome. See also: Wiesel, 1991 a and 1991 b, p. 36) They search for being safe from many things, also from the horrible truth (which may confront them with what is most horrible: not to have been loved by one's mother or father). (See and compare also Havel, 1991 a and 1991 b, p. 36). I think you know it working daily with students exiled in their childhood.

There are many ways which lead to the home, to the “homey” you. One of them is the foreign country. I mention here Julia Kristeva: *Foreigners we are to us*. It is necessary to discover foreign life inside my self (1990). (Here it is good to mention also Parin and Morgenthalers scientific work.)

5. Where we have never been before

Intellectuals sometimes very readily make fun of the so-called “backwoods mentality”. They tend to be people who, themselves, have lost their roots and who disguise their lack of roots in a cosmopolitan or an ironical way. They tend to be people who have become homeless inside and smile at others when they talk about home. They define the usage of the word home far too quickly as being proto-fascist (the word has been exploited by fascists – a poor truth). But if we do not use it any more for this reason or if we even question its contents because it was (and still is) used in a misleading way we would deprive life of an important dimension which is also important for one's soul. A dimension on which – according to their self-assessment and their sense for values - rests the life of many people, a dimension in which “identity” has its roots for them. “Home” is also important for those who believe. The symbolism of liturgy in all religions – especially breaking the bread, as symbol of oneness (Lc. 24, 30; 24, 35) deals with that.

It is not possible to install disrespect for what is one's own (one's hereditary culture, the mother tongue, the dialect...) as the cause for respect for what is foreign. The approach towards what is one's own is hardly possible without approaching what is foreign. Deep down, what is foreign is what is one's own. What is foreign is always one's own foreignness as well.

There is something else that should be taken into consideration – even by people in the alternative ranks of society or by people dealing with “foreigners” or questions about cross-cultural learning. It is the perception of and the respect for the fellow-being regardless if the other one can tolerate one’s arguments. If these two qualities do not exist we open a door to polarization and political polarization, too. Even behind extreme political attitudes there is nothing but the longing for being at home. Realizing this is a deep psychological demand of peace and dialogue.

Home probably is always something “small” (also for the cosmopolitical and for those who are “at home” in the virtual, digitally controlled worlds, where, sure, some of your students are “at home”) This is why regional poetry and regional songs always deal with the surroundings, with a little land, a little lake and so on...

Àron Tamasi expressed it in the following way: “*We live in this world to be at home somewhere in it*”. What has become dear to us should be easy to overlook. But if our look remains fixed we can easily overlook the importance of realizing and knowing that what is easy to overlook is integrated in what is generic. One’s soul is not easily touched, though.(It is not easy to write a regional song dealing with cross-cultural learning)

Does home therefore mean what is small?

And where is it? The question remains: Where *is* home? According to Christian Morgenstern it is where someone is understood.

“Home” touches the innermost. It is true that the word has been mistreated – especially during the time of the Nazis. But is there any word which has not been mistreated? “*Home is stronger than its abuse. It can offer sense, stability, roots, security, generally speaking emotions – everything that neither politics nor economy are offering nowadays*” (Nenning, 1996, p. 25). Nenning asks, thinking of those who indignantly refuse to use this word (after all those people are “open-minded” and “modern”), “*Is the disowned longing, the home-sickness not as deeply rooted within oneself as the dislike of home?*” (ibid.) Hermann Holzmann, whom I have mentioned before, used to quote a Swabian proverb: “*Blessed are those who suffer from home-sickness for they will come home*”.

“Home” is also an educational topic. We are faced with the darkest pages of Europe’s history when we remember the destinies of the disabled, the Jewish and the Romany children murdered by the NS (some book pages are a history of the childhood)

Well, where is home then? Does it only *exist* if it has been lost? “*Home is where we have never been before*” (Nenning, 1996, p.25).

6. Exile

We are approaching the question whether home has something to do with exile. In Hebrews (11,13) we read, “*(They) confessed that they were strangers and pilgrims on the earth. For they that say such things declare plainly that they seek a country*”.

This is an old issue: not only as far as the literature of exiles and emigrants are concerned but also in an educational and political sense. The great European Martin Buber – born in Vienna, grown up in Lemberg and Czernowitz, studies in Vienna, Leipzig and Zürich, lecturer in Berlin, professor in Frankfurt on the Maine and in Jerusalem – wrote

to Carl Dallago after emigrating from the madness of his time to Palestine, “*My special thanks and regards to you from one home exile to another*” (s. Stöger 2000, p. 49).

There are many arguments against home, to be more precise, against certain tendencies to use this word. But these objections take just one side of the question into consideration and most of the time they lack deep-psychological findings. There is, without any doubt, the danger of abusing and exploiting home in a proto-fascist way. It was like that yesterday and it is still like that today.

Nevertheless there remains an “in spite of that”.

Home is not only a geographically defined territory, it can be limited to that, but not necessarily. It is above all not a contradiction to the foreign country. The rejection of the foreign in order to build up a home which in this case is imaginary reflects many fears, lost illusions, childhoods and worlds broken to pieces. It is as Larcher says, “*If somebody believes to be threatened from outside he does not realize that everything is empty inside. The fear deriving from inner emptiness is covered by this lack of awareness*” (1991, p. 52).

The foreign country and the home do not exclude each other, they include each other. Home is near-distant and distant-near, just as we are strange-individual and individual-strange to ourselves.

What still remains here is the issue of the relationship between home, exile and childhood. Is not this kind of home the deepest basis? And are we not, for ever and a little longer, searching for our childhood?

Serafettin Yildiz, a bilingual poet, in “The children’s world void of lies” (1986, p. 35):

*The cocks crow in the same way everywhere.
The nightingales sing the same song everywhere.
With children it is just the same.
Their world is void of lies and gaily-coloured...
Ayse has black hair with long plaits.
Heidi has fair hair like gold.
They always play in the same joyful way.
Schoolyards are the same everywhere.
Once the teacher told them about paradise.
Then he asks,
Which one of you wants to go to paradise.
They all raise their hands,
Heidi, too...
But Ayse wanted to go home.*

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EMOTION-FOCUSED VERSUS COGNITIVE-FOCUSED COUNSELLING APPROACHES TO STUDENT WELL-BEING

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Abstract

The aim of student counselling is to prevent and/or heal student dysfunctioning by focusing on their optimum potential, thereby promoting self-fulfilment and well-being. Self-fulfilment is an internally driven development toward optimal human functioning. It involves optimism, love and belonging. It means feeling useful, adequate and esteemed; being autonomous and responsible; it means being creative. All these qualities add up to positive emotions and rational thinking. There is supportive evidence in the scientific literature for the healing properties of cognitive restructuring and learned optimism in depression. Outcome studies on positive emotions, emotional intelligence, resilience, and emotional creativity on the one hand, and on self-efficacy, optimism, and personal control on the other, show the way towards emotion-focused as well as cognitive-focused approaches to student counselling. Since the ultimate goal of student counselling ought to be to prevent unhappiness by fostering human strengths, such as courage, future-mindedness, interpersonal skills, faith, work ethic, hope, honesty, perseverance, the capacity for insight and other positive human traits, this presentation focuses on counselling approaches supporting the prevention and therapy role of positive emotions and positive thoughts.

Keywords: Emotion-focused counselling; cognitive-focused counselling; student well-being.

1. Introduction

The aim of student counselling is to prevent and/or heal student dysfunctioning by focusing on their optimum potential, thereby promoting self-fulfilment and well-being. These qualities add up to positive emotions and rational thinking. Positive emotions not only counteract negative emotions but also broaden individuals habitual modes of thinking and build their personal resources for coping and problem solving.

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Since the ultimate goal of student counselling ought to be to prevent unhappiness by fostering human strengths, this presentation will focus on counselling approaches supporting the prevention and therapy role of positive emotions and positive thoughts in building students' resources for coping and problem solving.

Coping and problem solving are cognitive, affective and behavioural processes and are definitely affected by factors such as personality, level of aspiration, importance of the problem situation, and many other factors. Depending on such factors, the cognitive or the affective counselling process may predominate to help students overcome difficulties and reach effective solutions to their problems.

Let's take a quick look at problem solving and coping in which psychological counselling puts its major emphasis:

2. Problem solving

As far back as 1965, counselling psychologists maintained that the central reason for the existence of applied counselling and clinical professions was that clients need professional assistance for stressful problems they are unable to resolve. Subsequently, counselling or psychotherapy have been conceptualized in the last 40 years as helping clients resolve difficult and stressful problems. Effective counselling seems to result not only in resolving client' problems, but also in improving clients' perceived problem-solving abilities.

All theories of counselling and psychotherapy deal with problem solving and decision making. If problem solving is not a lead process in any given helping model, then it is the underlying process.

How people respond to difficult life problems and how they resolve conflicts involves thought and emotion. It is *how we feel* about the alternative answers and possible solutions that leads us to a decision. *Failure* to solve effectively problems may stem from several sources, among which are faulty assumptions and attitudes, a rigid mental set, an ego-defensive orientation, stress and emotion, and a tendency to over-simplify complex problems. *Competence* in problem-solving depends upon personal maturity and adjustment. Effective problem-solving and conflict management contribute to satisfying and long lasting relationships. The more highly developed the person's problem-solving skills the better their interpersonal relationships. Good problem-solvers are flexible and adaptable in different social and interpersonal circumstances and able to deal effectively with stress (Durlak, 1983).

Research has shown that high problem-solving skills are related to a positive self-concept (Heppner, Reeder, & Larson, 1983), low anxiety and depression levels, low hopelessness and suicidal behaviour (Bonner & Rich, 1992), good social skills (Elliott, Godshall, Herrick, Witty, & Spruell, 1991), and better overall adjustment (D'Zurilla & Goldfried, 1971), as well as with better coping skills (Heppner & Krauskopf, 1987).

3. Coping

Problem solving appraisal is linked with coping (Heppner & Krauskopf, 1987; Heppner & Lee, 2005). Coping refers to ways of managing and interpreting conflicts and emotions and is, therefore, central to counselling and psychotherapy. It can be approached cognitively but also through actively processing and expressing emotion. Traditionally, coping strategies have been dichotomized into problem-focused coping strategies, or making attempts to actively alter a problematic situation, and emotion-focused coping strategies, or managing emotional responses to a problematic situation (Lazarus & Folkman, 1984; Snyder, 1999).

3.1. *Emotion-focused Coping*

It refers to coping through acknowledging, understanding and expressing emotions.

Emotional processing refers “to active attempts to acknowledge, explore meanings, and come to an understanding of one’s emotion”. *Emotional expression* refers to “coping by communicating one’s emotional experience” (Austenfeld & Stanton, 2004, p.1342).

Coping through actively processing and expressing emotion can confer psychological and physical health advantages under certain circumstances (Stanton, Parsa, & Austenfeld, 2005). Research indicates that emotional approach coping may yield positive outcomes depending on the situational contingencies. Thus, individuals who cope through processing and expressing emotions are likely to benefit to the extent that their interpersonal milieu welcomes emotional approach (Lepore, Silver, Wortman, & Wayment, 1996; Stanton et al., 2000) or as a function of the nature of the stressful encounter. For example, emotional approach coping might be more useful for interpersonal than for situations perceived as uncontrollable (Terry & Hynes, 1998). The utility of the emotional approach coping may vary as a function of the specific emotion processed or expressed and the individual’s comfort and skill in approaching such emotion. It may also vary according to several individual characteristics, such as gender, hope and optimism.

The timing of emotional approach coping efforts also may be important, with emotional processing most useful at the onset of a stressful encounter and emotional expression gaining maximal utility once one has come to understand one’s feelings (Stanton, Parsa, & Austenfeld, 2005).

Research in diverse fields documents the adaptive potential of recognizing, processing, and expressing emotions” (Austenfeld & Stanton, 2004). In critical conditions –crisis interventions- the facing and acceptance of negative emotions is the first step in psychotherapy and has been found to have a curative effect on the victims. In a longitudinal study with a student sample encountering a very stressful situation, coping through emotional approach predicted enhanced adjustment over time in the form of increased life satisfaction and decreased depressive symptoms, in women and diminished adjustment in men (Stanton, Danoff-Burg, Cameron, Ellis 1994). In a study examining undergraduate students coping with a parent’s chronic physical or psychological illness (heart disease, cancer, depression) coping through emotional expression interacted with

the environmental context, showing that coping through emotional expression is most beneficial in contexts that encourage emotional expression, that is, in a counselling setting encouraging emotional expression (Stanton, Kirk, Cameron, & Danoff-Burg, 2000). In another study with women undergoing treatment for breast cancer, those who reported coping through emotional expression, evidenced enhanced self-reported physical health, more vigour and less distress, that is, better quality of life, relative to women lower in emotionally expressive coping (Stanton, et al., 2000).

Therefore, the adaptive value of coping through processing and expressing emotion varies as a function of the environmental context, attributes of the stressor and characteristics of the individual.

3.2. Problem-focused Coping

Coping can also be defined as cognitive and behavioural attempts to alter events or circumstances that are threatening (Dressler, 1991).

Problem-focused coping refers to direct efforts to alter demands perceived as taxing one's resources. It includes such strategies as defining the problem, generating and weighing alternative solutions and following a plan of action (Stanton et al., 2005, p. 149) and involves definitely thought processes.

Coping strategies vary with different personality characteristics. In general, men are more likely to use problem-focused coping strategies, whereas women are more likely to use emotion-focused coping strategies (Lazarus & Folkman, 1984). However, recent studies have not shown significant differences between male and female participants in their coping strategies. It is primarily the levels of masculinity and femininity in students that produced some interesting results. Students endorsing higher levels of masculine or feminine qualities endorse greater use of problem-focused coping strategies (Dyson & Renk, 2006). Also, students who demonstrate secure attachment styles are more likely to exhibit problem-focused coping strategies (Lopez & Gormley, 2002).

Having thus, briefly reviewed the two major areas in which psychological counselling puts its major emphasis, we now turn to look at the ways in which we may build student resources for coping and problem solving.

4. The purpose of counselling students

Students between the ages of 18 to 25 are in a transition period moving from adolescence to adulthood. Arnett (2000) refers to this period using the term "emerging adulthood", since young people tend to see themselves sometimes as adolescents and others as adults as they are in the process of establishing their identity. When this transition period is coupled with the transition from the family to a university setting, it becomes clear that this is a crucial test of an individual's adjustment. Studies show that, leaving home and separating from one's family and friends to attend a university may have lasting effects on an individual's future development (Margolis, 1981). Loneliness and low family support may interact with other stressful conditions and lead to depression (Rich & Bonner, 1987). Thus, it is not uncommon to have high depression

levels, absent-mindedness or several other psychological symptoms among students (Fisher & Hood, 1987). Stress and anxiety, depression, suicidal thoughts, sexual assault and personality disorders are among the most frequently reported student problems (Benton, Robertson, Tseng, Newton, Benton, 2003).

In order to adapt to their surrounding environment, students must cope with and manage the problems, challenges, and demands of their daily life (Simons, Kalichman, & Santrock, 1994). Thus, the ability to manage conflicts, resolve problems and learn how to cope, becomes the primary focus of student counselling. How can we help students build their inner strengths which will help reduce the harmful effects of these psychological problems and consequently, lessen the risk of encountering them again in the future?

It has been discovered that human strengths, such as courage, optimism, future-mindedness, faith, interpersonal skill, hope, honesty, perseverance or faith, prevent and protect young people from several risks, such as depression, suicidal thoughts, sexual assault and personality disorders (Seligman, 2005). The issue of prevention comes thus in the foreground of student counselling.

Student Counselling Centres are asked to facilitate student growth through prevention and through developing a wholesome focus on the positive aspects of life. This can be accomplished through:

- ✓ the development of a positive self-esteem,
- ✓ respectful communication and relationships with other individuals,
- ✓ an awareness of internal and external resources available to cope with personal and academic challenges and opportunities, and
- ✓ the ability, opportunity, and willingness to use these resources appropriately in an effective way.

The aim of student counselling is to prevent and/or heal student dysfunctioning by focusing on their optimum potential, thereby promoting self-fulfilment and well-being.

Self-fulfilment is an internally driven development toward optimal human functioning. It involves optimism, love and belonging. It means feeling useful, adequate and esteemed; being autonomous and responsible; it means being creative (Gewirth, 1998). It is an emotional but also a cognitive state.

Well-being is defined “as a person’s cognitive and affective evaluations of his or her life. These evaluations include emotional reactions to events as well as cognitive judgements of satisfaction and fulfilment” (Diener, Lucas, & Oishi, 2005, p. 63). It is a subjective state which reflects an individual’s perceptions and evaluations of their own lives in terms of their affective states (emotional well-being, e.g. happiness or satisfaction), psychological functioning (psychological well-being, e.g. personal growth, a sense of meaning or purpose in life) (Averill, 2005) and social functioning (social well-being, e.g. social integration, social contribution) (Keyes & Lopez, 2005).

4.1. Variables Determining Emotion-focused or Cognitive-focused Student Counselling

When students finally decide to traverse the door of the Counselling Centre and ask for help, they typically start by describing their concern in terms of their feelings. Students rarely come for counselling complaining about their thinking, although self-

defeating thinking is often a major reason for their difficulties. What will decide whether the counsellor will adopt an emotion-focused or a cognitive-focused approach? One needs to consider not only the student's perception of his or her problem but also the social and cultural influences that help students create respective self-views and worldviews. These influences affect not only their own self-development but also the choices they make in their helping relationships.

4.1.1. Gender

Gender role differences are related to psychological help seeking. Men endorsing the traditional male role are usually described as showing discomfort in expressing emotions, especially those experiencing a gender role conflict. Because fear of femininity is hypothesized to be a source of gender role conflict in men, and femininity is seen as related to emotional expressiveness (Bem, 1977) the focus on emotion or away from emotion in a counselling session may interact with gender role conflict. In general, studies show women preferring psychological help focusing on clients' feelings, contrary to men.

4.1.2. Personality characteristics

There are personality characteristics related to the preferred coping approach. Studies assess that emotional approach coping is associated with indicators of positive psychological adjustment, at least for young women. For example, coping through active attempts to acknowledge and understand emotions was related to greater hope, instrumentality, and self-esteem and to lower neuroticism, trait anxiety, and depressive symptoms in samples of undergraduate women (Stanton et al., 2000).

4.1.3. Cultural and ethnic identity

Understanding the student's cultural and ethnic identity and worldview is essential in establishing an appropriate helping relationship. There are cultural groups encouraging emotional expression and others not favouring it. This is a factor to be respected when dealing with culturally diverse students. Furthermore, with culturally diverse groups there are several times different cognitions about nature, causes and cures of mental health problems and well-being (Leong & Lau, 2001). Affective barriers are also encountered, which inhibit the expression of emotions. For instance, it has been found that Asian Americans have difficulty expressing their emotions because of feelings of shame and stigma associated with psychological difficulties (Root, 1985).

4.1.5. Crisis situations

A painful crisis can lead people to avoid and escape how they feel. However, the crisis and disaster literature advocates that facing emotional pain is the most healthy response to be provoked. Crisis counselling staff are active listeners who initially provide emotional support and in a next step challenge irrational beliefs and unrealistic expectations.

4.1.6. Counsellor characteristics

Successful counsellors are aware of the multitude of ways that cultural background and experience might influence thought and emotional processes, decision making, and

problem solving behaviours. They ought to be aware of certain verbal and non-verbal behaviours that may be inappropriate with particular students. By communicating effectively with their clients, counsellors are better able to discern if an emotion or a cognitive focused approach will be more helpful for them.

4.2. Emotion-focused Student Counselling

The role of emotions in therapy has been emphasized by many counselling psychotherapists. Acknowledging, understanding, and expressing one's emotions under stressful conditions seems to be useful in helping the person better cope (Stanton et al., 2005). There is empirical support for the benefits of processing and expressing emotions through writing (Smyth, 1998; Smyth & Pennebaker, 1999) and also for the costs of emotional suppression (Richards & Gross, 1999; Wegner, Schneider, Knuston & McMahon, 1991).

Emotion-focused counselling (Greenberg, 2002) is a therapeutic approach emphasizing the role of emotions in enhancing self-understanding and functioning. Exploration of emotions with balanced emotional expression in which emotions are recognized, understood, and communicated appropriately, is often regarded as a vital component of the therapeutic process (Mahoney, 1991).

Emotion-focused therapies focus not only on the expression of emotion but rather on emotional processing and expression that serve functions such as regulating arousal, fostering self-understanding, enhancing problem-solving and improving interpersonal relationships (Stanton et al., 2005). It seeks to help students achieve more adaptive functioning through evoking and exploring emotions and restructuring maladaptive schemes (Greenberg & Paivio, 1997).

Coping through emotional approach may serve as a successful vehicle for goal clarification and pursuit (Snyder et al., 1991), an important finding to be considered in student counselling.

In his book entitled *Emotion-focused therapy*, (2002) Leslie Greenberg recognizes eight major steps in emotional expression and processing in emotion-focused counselling. These steps are embodied in two phases: arriving and leaving. *Phase 1* involves helping people arrive at and accept their feelings. As painful as some feelings may be, people need to feel their emotions before they can change them. It is important to understand that you can not leave a place until you have arrived there first. *Phase 2* involves helping people decide whether they can trust the feeling at which they have arrived as a source of good information or whether the feeling is not helpful and needs to be transformed.

4.3. Cognitive-focused Student Counselling

To achieve well-being and self-fulfilment, individuals must understand their own nature and their personal needs. Needs are identified, discovered and satisfied through reason (Locke, 2005). Cognition plays a role at every stage of the motivational sequence, from identifying needs, to choosing values, to understanding emotions, to setting goals, to discovering the means to achieve them.

In the early-applied problem-solving literature, problem solving was conceptualized as

a constellation of relatively discrete, cognitive abilities or thought processes. The appraisal of a problem situation and the skills one possesses to solve it, show the importance of higher order cognitive processes. A positive problem solving appraisal is associated with reports of approaching or attempting to alter the cause of the stressful problem. Problem solving appraisal is associated with the consistent report of actively focusing on the problem and attempting to resolve the cause of the problem. Thought processes influence also the appraisal of a situation and may lead to a range of emotions. It is clear that it is not always the events that produce bad feelings but the way these events are appraised.

Some cognitive processes involved in effective problem solving and coping to be considered in counselling students include the concepts of self-efficacy, creativity and personal control.

Creativity “is the combination of thoughts, ideas and answers in a new-original way” (Munford & Gustafson, 1988). In counselling, clients are helped to generate something new through logical thinking, imagination, feelings and spontaneity; that is, through logic and creativity (Malikiosi-Loizos, 1997).

Self-efficacy, a person’s belief in his capabilities to produce desired effects by his own actions (Bandura, 1997), is the most important determinant of the behaviours people choose to engage in and how much they persevere in their efforts, in the face of obstacles and challenges. Self-efficacy plays an important role in goal setting and, in general, has important motivational effects in many domains of life, including work performance and career choice, education, physical and mental health (Locke, 2005). It is also strongly related to well-being, as mentioned earlier. Self-efficacy theory suggests that helping interventions should provide people with a sense of efficacy for solving problems themselves.

Personal control. Individuals with a strong sense of control are more likely to determine the cause of a problem, take action and avoid stressful situations (Ross & Mirowsky, 1989). People who perceive themselves as having personal control over situations and life events, are more likely to better cope with stressful circumstances, take active problem solving decisions and have, in general more positive emotions (Thompson, 2005).

Therapists in the cognitive field work with clients to solve present day problems by helping them to identify distorted thinking that causes emotional discomfort.

Cognitive-focused counselling is a therapeutic approach aiming at changing the students’ cognitions in order that they can think more sensitively, feel more positively, and behave more effectively.

5. Conclusion

Emotions result from the meanings people attribute to life events and depend fundamentally on what is important to each person. For an emotion to occur, an individual must appraise a situation as being personally harmful or beneficial (Lazarus & Lazarus, 1994). An emotional experience is a combination of bodily feelings and thoughts. Therefore, thinking and/or evaluating a situation when appraising it, involves both cognitive and emotional processes. In that sense, emotion always involves

cognition. There are times when cognitions precede emotions and others when the presence of emotions may alter our cognitions. Thus, cognition and emotion may be related to one another through a kind of circular feedback system (Plutchik, 2003). We know of clinicians who state that the interpretations people make of their life events are the creators of their emotions (e.g. Albert Ellis) and of clinicians who believe that emotions may alter cognitions (e.g. Carl Rogers).

Depending on the counsellor's personal view of personality but also on the individual characteristics of the student, one or the other approach will be selected and followed. The social and cultural context of students must be taken into consideration, in order to appreciate the nature of their conflict. Some students value characteristics such as making their own choices, expressing what they are feeling, being open and self-revealing, and striving for independence. Yet others are emotionally reserved and very selective about sharing personal concerns. Effective counselling must take into account such differences (Corey, 1991).

To sum it all up, potential moderators of emotion-focused versus cognitive focused approach effects include:

1. Individual difference variables such as gender, personality factors and developmental attributes
2. Environmental variables including interpersonal and cultural emotional receptivity and support
3. Stressor characteristics
4. The engagement of emotional processing and expression relative to the time course of the stressor
5. The specific emotion receiving attention, with attention to both negative and positive emotions.

The well-known rational-emotive European psychologist Windy Dryden admits that "Whilst the cognitive-behavioural approach to anxiety and depression and other emotional disorders has concentrated on changing cognitions and behaviours there has been a shift to include emotions as a port of entry when it comes to the treatment of personality disorders" (Scott & Dryden, 2003, p.161)

What seems to be clear is that it is not very important to advocate if we believe that emotions lead to cognitions or whether cognitions lead to emotions. It is much more profitable to think about how the cognitive and the affective systems work together in trying to understand the complex interactions of emotion, cognition, motivation, and behaviour (Greenberg, 2002).

So then, it becomes clear that emotion-focused and cognitive-focused student counselling can lead to the enhancement of students' well-being, depending on personality, cultural and attitudinal variables. Outcome studies on positive emotions, emotional intelligence, resilience, and emotional creativity on the one hand, and on self-efficacy, optimism, and personal control on the other will show the way towards emotion-focused as well as cognitive-focused approaches to student counselling. Either way, regardless of which ought to be dealt with at first, emotions and thoughts work together to help students' self-fulfilment and well-being.

The most interesting questions regarding emotional versus cognitive focused

counselling approach involve specifying for whom, under what conditions and how coping through emotional or cognitive processing yields benefits, as well as how the resultant understanding can be translated into effective interventions for people confronting stressful experiences (Stanton et al., 2005).

Further research is definitely needed to answer questions relative to the conditions under which emotion-focused versus cognitive focused student counselling promotes psychological and physical health.

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THE COGNITIVE – BEHAVIOURAL APPROACH IN THE PSYCHOLOGICAL COUNSELLING OF STUDENTS: A PROPOSAL FOR A GOOD-PRACTICE MODEL

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Abstract

Psychologists, counsellors and psychotherapists working with students have to deal with their psychological problems, which reflect the students' stage of development, as well as all the duties resulting from studying in Higher Education. Herein, I will refer to a potential good-practice model and its evaluation. More specifically, I will elaborate on the hypothesis that the cognitive-behavioural paradigm could serve as the appropriate facilitator of effective interventions aiming in dealing with student's developmental needs, but after taking into consideration the specific aspects of the academic environment. This model is based on the experience gained from our work in the Laboratory of Students' Psychological Counselling at the University of Athens, Greece.

Keywords: Cognitive-Behavioural Paradigm; psychological counselling; collaborative empiricism; evidence-based practice.

1. Being a student: A period of adaptations and re-adaptations to developmental and new environmental challenges

1.1. Developmental Adaptations And Re-adaptations: The Struggle For Reaching Maturity

The group of young people aged 18 – 25 years studying in higher education shares main characteristics with the same age youth, including the constructive and persistent quests, pursuits and reconsiderations. They are also subject to similar developmental demands, which are effected by several socio-cultural factors.

Several terms have been used to define the developmental period between the 18th and the 25th year of age. A first such term is “late adolescence”. However, adolescence formally

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ends at the 18th year. Also, the term “young adulthood” is often used, despite that these persons are not young adults, since in fact they are not adults yet. Another term widely used, especially among sociologists, is “transition to adulthood”. The use of this term implies a time period that bridges two other developmental periods that is, adolescence and adulthood. Finally, Arnett (2004) proposed the term ‘emerging adulthood’ to describe this developmental period. Quoting from Arnett (1998, pp. 295), emerging adulthood “... is a new way to identify the period between adolescence and the beginning of adulthood”.

A common aspect of all these perspectives is “transition”. However, this period of age is not just a transition but also a valid developmental phase. Thus, the term “emerging adulthood” seems to better describe the explorative, unstable and changeable nature of these specific ages.

At this point, it is essential to present a short but comprehensive overview of the main emerging adulthood features. Later on I will try to connect these with the cognitive-behavioural perspective of the psychological counselling of students. These characteristics are:

(a) *The searching of an identity*. Probably the main feature of emerging adulthood is the search for a new personal identity. Arnett (2004, p. 8) suggests that “... emerging adulthood offers the best opportunity for a ‘self-exploration’”. Young persons do not entirely depend on their parents but they have not yet undertaken any particular adult roles. Therefore, they have the chance to experiment with different life-styles, as well as alternatives in both personal life and professional – economic issues. Certain recent studies suggest that young persons rarely shape their personal identity by the end of secondary school (e.g., Watterman, 1999), in contrast to Erikson’s (1968) and certain other researchers (e.g., Eccles & Gootman, 2002; Eccles, Templeton, Berber, & Stone, 2003; Zarrett & Eccles, 2006) well-known view. Thus, it seems that shaping a new identity is more of an emerging adulthood than an adolescence task.

(b) *Instability*. Searching of alternatives in personal relationships and professional life and the corresponding experimentations produce a sense of instability. Young persons have already developed a general life plan, “a plan with capital P., that is, some kind of idea about the route they will be taking from adolescence to adulthood...” (Arnett, 2004, pp. 10-11). However, confrontation with the real world often makes young people to revise their general life plan (e.g., Levine & Cureton, 1998). Of course, every change in the Plan helps the young to discover important aspects of their self and, thus, to better define their future and their life as adults.

(c) *Self-focusing*. In no other period of life does the person focus on self so much as during emerging adulthood. Still, young persons have to give an account for their deeds to parents, older brothers and teachers. Arnett (2004, pp. 13-14) stresses that “there is nothing wrong about being self-focusing during emerging adulthood; it is normal, healthy and temporary. By focusing on themselves, emerging adults develop skills for dairy living, gaining a better understanding of who they are and what they want from life, and begin to build a foundation of their adult lives. The goal of their self-focusing is self-sufficiency, learning to stand alone as a self-sufficient person...”

(d) *A sense of ‘mediation’*. The exploration and instability of emerging adulthood dive in the quality of an in-between period. In between the restrictions of adolescence

and the responsibilities of adulthood lie the explorations and instability of emerging adulthood. It feels this way to emerging adults too-line an age in-between, neither adolescents nor adults, on the way to adulthood but not there yet (p. 14)

(e) *The diversity of possibilities*. Emerging adulthood is filled with a plethora of possibilities and probabilities. The young person has not yet reached significant decisions and, therefore, all possibilities are still there. “It tends to be an age of high hopes and great expectations, in part because few of their dreams have been tested in the fires of real life” (Arnett, p. 16). One should not overlook the fact that in our time young people have to choose from a variety of life-styles, occupational possibilities and possible personal relationships and family types, that is much greater and more diverse than in the past.

1.2. The Adaptation To The Environmental Demands: The ‘Adventure’ Of Achievement

Since the end of the 20th century and mostly at the beginning of the 21st, the great evolution of our society and its conversion to a society of information and communication render education and professional specialization imperative aspects of life. For instance, in the USA almost 50% of the young between 18 and 25 years study in universities or colleges (Zarret & Eccles, 2006), while in Great Britain this forms a main goal of the government policy. Thus, more and more young people study in higher education. Moreover, studies are prolonged and, consequently, young persons are met with a delay in entering professional life and gaining their independence as adults.

The large group of young persons at around 18 – 19 years of age, which deal with the first and maybe more critical phase of emerging adulthood, starts an ‘adventure’ to achieve a higher education degree and a profession of prestige. As mentioned above, the developmental features of this age ‘reign’, and young students are preoccupied with the pursuit of a personal identity. At that time, a new critical life event impacts their life and challenges their adaptation skills: entering higher education.

All students have to face this novel situation that induces significant changes in their life. The most salient of these changes are:

- a) A radical change in the educational/ learning environment (a transition from high school to college).
- b) Possible change in residence (from a small village to a large city, living with a roommate etc).
- c) “Loss” of significant interpersonal relations as a result of (b), in parallel with a need for contact and new relationships with several persons (other students, professors, staff etc).
- d) Increased social expectations for a more grown up/ mature behaviour.
- e) A plethora of choices, in contrast to the limited and controlled possibilities of past life.
- f) Financial dependence. This latter feature forms a very significant factor that differentiates between a young student and a working peer and impacts the psychological maturation/ independence process.

At the same time, however, young students have to adapt themselves to a situation (that is, higher education) that also has to deal with a critical shift. European (but not

only) universities in the post-Bologna-declaration (1998) era are facing a troubled period of adjustment. The young student who faces a critical transition has to adapt to a situation also in a transition phase. Moreover, all these are taking place in a rapidly changing socio-political and economic context (Rott, 2005).

The radical changes within the unified (after 2010) European Higher Education Area are characterized by (a) intensified studies, (b) changes in the structure of studies, and (c) reduction of the governmental 'responsibilities' that brings together a major financial burden (e.g., fees).

Furthermore, the significant increase in the numbers of students in combination with the unemployment of young degree holders and the insecurity about the future deepens competition and the subsequent pressure for success. This condition tends to accelerate or incommode the normal adaptation process.

We can underline certain factors related to being a university student:

- a) Entering and studying in higher education is a critical event in the life of the young person that tolls available adaptation resources.
- b) This new situation can be a source of stress. Stress refers to a general alarm system resulting from a disturbance in the homeostasis of the organism and his status quo. The new situation is perceived as stressful, since according to many theories (e.g. Lazarus & Folkman, 1984), stress is the result of the active interplay between the person and the environment.
- c) Young students have to deal with the demands arising within higher education, while they are already confronted with a developmental transition and their adaptation resources are consumed in attaining developmental targets.

We should underline, of course, that a significant part of the student population uses new and effective coping and adjustment strategies (e.g., Zarrett & Eccles, 2006), achieves adaptation and reaches developmental targets. In other words, the majority of students feels happy, enjoys a high quality of life and is healthy (in a holistic view of health as a psychosomatic entity). Another part of students, however, experiences the new conditions in a negative and stressful way. Stress, in turn, is related to adjustment difficulties, psychological problems and dysfunctions. As a result, a growing number of students are asking for our professional help.

2. The Cognitive – Behavioural Paradigm. A model of good practice for psychological counselling/psychotherapy of students?

In this section I will describe a proposal regarding the psychological counselling of students, which is based on the assumption that the cognitive-behavioural (CB) paradigm corresponds to the needs of emerging adulthood, and especially to those that particularly concern the student population. Therefore, this paradigm could form an intervention model of choice for the problems that students face. Besides, current research on stress and coping, which is based on CB theories to a great extent, may help us in the effort to facilitate students' adaptation in the new learning environment.

2.1. Problems Related To Emerging Adulthood And The Role Of Specific Environment Parameters: A Challenge For The Development Of Specific Intervention Programs

Although many evidence-based CB intervention programs are effectively implemented in both individual and group counselling of students the importance of this type of intervention at this particular population has not been highlighted, as far as I know, while relevant knowledge and expertise have not been systematically organized. Our question is whether the CB paradigm can be the basis for the psychological counselling/ psychotherapy of students (as a model of good practice) because it fits better the students' specific developmental needs and the new academic demands.

The knowledge gained on the role of variables mediating the stimulus – response relationship has facilitated the transformation of the behavioural model to a cognitive – behavioural one, thus, expanding its effectiveness in a dramatic way. According to this model, personal perceptions and evaluations play a critical role in information processing and in building a cognitive representation of the world, which in turn effects emotions and behaviours. The understanding and, consequently, the modification of a dysfunctional behaviour (e.g., failure in studies, test anxiety) are achieved through the understanding of the cognitive representation of the entire situation. In this context, the analysis of the past and present cognitive processes and heuristics, such as the analysis of specific information-processing patterns, values and belief systems, thoughts, plans and expectations, is essential. The mutual interaction between cognitive structures, emotion and behaviour is on the epicenter of the CB model and, despite the different perspective, it resembles Gerhart Rott's (1996) significant proposal regarding students psychological counselling.

After taking into consideration the earlier presented specific features of emerging adulthood, we may conclude that students asking for our professional help share certain characteristics: a) They are in a continuous process of revising their General Life Plan by means of testing their perceptions against real world; b) they focus on themselves and test their limits without, however, rendering any account to anybody; c) they keep implementing and evaluating alternatives courses of action. And of course, all these are connected to the sense of an emerging personal identity and ongoing autonomy.

The young student is moving around three main axes: a) restructuring, b) introspection and c) searching/ challenging. I suggest that these assets can be effectively used within the context of the CB intervention model, given that they are also characteristic of this model. The young age, the lack of rigid cognitive structures and processes, and the above median intellectual abilities of the student population facilitate the implementation of CB interventions.

Usually, the adoption of specific targets and the time-effectiveness nature of this model contribute to rapid positive results. Furthermore, the model corresponds to the basic demand of the academic environment for progress and success in studies. It forms an encouraging learning experience that enhances self-esteem and self-efficacy and improves motivation, which are all essential as far as the construction of the new personal identity is concerned. Finally, the fixed boundaries and the structure the CB model function as a 'compass' to the students, who are lost sometimes in their endless quests. In addition, the psychotherapeutic relationship, which is the result of the

interaction between the counsellor and the student, can be used not only in favour of the intervention, but also for smoothing the progress of autonomy and independence.

However, CB interventions are infrequently effective without the appropriate therapeutic alliance (Raue & Goldfried, 1994). According to the CB model, the therapeutic alliance is based on a collaborative empiricism (Beck, 1976). The counsellor/ psychotherapist is collaborating with the student and shares a common target: the understanding and modification of dysfunctional perceptions, behaviours and emotions. On the other hand, ‘empiricism’ includes three aspects: a) an agreement regarding the goals of the intervention; b) an agreement regarding intervention activities and strategies; c) the development of a therapeutic bond, which is characterized by a positive personal attachment, and includes qualities, such as mutual trust, unconditioned acceptance and confidence.

Within the context of the CB model, it is the therapeutic relationship that acts as the means for achieving an acute case formulation (Pearson & Davidson, 2003, p.16). A CB case formulation represents an alternative method for defining, assessing and dealing with psychological difficulties, in contrast to the psychiatric tradition of diagnosis and treatment, which may not truly identify the factors that cause and maintain the problem. Through the case formulation approach that is based on the principles of learning theory, we put a great emphasis on individual differences. There is no doubt that case formulation together with a more conventional diagnosis relying on a classical taxonomy system (e.g., DSM or ICD) are rather complementary, especially in the case of severe psychological problems. I believe that, as far as psychological counselling of students is concerned, the case formulation approach is really useful and may protect us from the medicalization of psychological functions and dysfunctions (Kalantzi-Azizi, 1997).

Further, we should note that collaborative empiricism is in fact a process well familiar to the students, since it resembles their cooperation with professors and fellow-students in many aspects.

At this point, I would like to present certain CB methods and techniques. These techniques are brief, convenient and comprehensible, given that the psycho-educational nature of the model corresponds to the ways that students function in their everyday academic responsibilities (i.e., in organizing their reading, completing tasks, achieving high grades):

- I. Behaviour analysis, after Ellis’ theory and according to the “ABCDE” scheme (Ellis & Mc Laren, 1998):
 - i) “A” stands for ‘Activity’ and represents the event or the situation that sets a reactive process.
 - ii) “B” stands for ‘Beliefs’ and represents a belief system wherein irrational (B1) and rational (B1) thoughts coexist.
 - iii) “C” stands for ‘Consequent Affective Emotion’ and reflects the emotional reactions that are stemming from rational or irrational beliefs.
 - iv) “D” stands for ‘Dispute - challenge’ and represents the process of disputing irrational beliefs and replacing them with more rational or functional ones.
 - v) “E” stands for the ‘Effect’ achieved in both emotion and behaviour, after disputing and modifying irrational beliefs.

- II. Self-management methods, which rely on the collaboration with students, as well as on their own responsibility for change. For example, I briefly note the Comprehensive Self-regulation Model developed by Kanfer (Kanfer, Reinecker, & Schmelter, 1991). It consists of three phases: self-monitoring, self-assessment and self-control. I also note the self-instruction exercises developed by Meichenbaum and Goodman (1971), which aim in modifying negative self-statements. These methods underline the significance of the person within the individual – environment interaction. They consist of general skills that students can easily use in all urgent problems or in new environmental demands. The emphasis is put on resolving current problems rather than examining the past or finding out the possible causes of the present dysfunction. They serve as a kind of “fire-extinguisher”, but one of great importance for a quick and effective problem – solving of the problems. They also form a positive experience that facilitates further intervention efforts (if necessary), while it represents the best possible source of self-reinforcement (“I can manage it!”).
- III. Problem solving skills developed by D’Zurilla and Goldfried (1971). They include the definition of the problem, finding out alternative solutions, choosing and implementing the most appropriate one. The identification of several possible solutions, the acknowledgement of the existing personal resources, and the development of positive actions enhance self-efficacy expectations. Self-efficacy is a crucial factor for coping with problems and for effective adjustment (for the role of self-efficacy in studies see, Karademas & Kalantzi-Azizi, 2004).
- IV. Finally we should refer to the most current interventions, according to which adjustment difficulties are the result of dysfunctional learning and erroneous personal conclusions. These, in turn, lead to the formation of fixed dysfunctional cognitive schemata that impact emotions and behaviours. According to Beck’s cognitive theory (Beck, 1976), cognitive schemata are the core source of dysfunctional beliefs, as well as of numerous negative automatic thoughts incorporating a plethora of cognitive errors (Beck, Rush, Shaw, & Emery, 1979). The empirical testing of personal beliefs, expectations, thoughts, perceptions and judgments is a really attractive process for both the counsellor/ psychotherapist and the student. Of course, the high intellectual abilities of the students in conjunction with their tendency for introspection constitute a basic condition for the implementation of this type of intervention.

The incorporation of Young’s (1999) dilated definitions of schemata renders collaboration with the students even more attractive and creative. Young (1999) defined difficulties in adjustment as the result of certain primary cognitive schemata, which were shaped in the aftermath of early traumatic experiences. The schema-focused therapy permits the student to create a meta-cognitive perception of his own thinking and behaving, while perceiving difficulties in a global way. Moreover, this type of therapy facilitates a more precise identification of the dysfunctional cognitive mechanisms that accompany psychological problems. Students, thanks to their high intellectual abilities, are able to fully recognize all these procedures and make use of them. In this manner, “help for self-help” is strengthened.

As already noted, the establishment of a personal identity is a crucial aspect at this phase of students' psychosocial development. Therefore, I would like to underline the most recent research efforts (both basic and applied) regarding the significance of "self" within the CB paradigm (Du Bois, Lopez, & Paria, 2004). The exploration of the self-referential thought processes is already an integral part of the CB assessment and intervention procedure (Freeman, Pretzer, Fleming, & Simon, 1990). Moreover, it consists a main concern of the psychological counselling/ psychotherapy of students.

A vast and growing general bibliography sheds light on various aspects and qualities of the self, such as self-esteem, self-efficacy, self-worth etc. (Du Bois et al., 2004). The classification and understanding of several aspects of self has led to the conclusion that self acts as a moderator and mediator in the relationship between environmental factors and degrees of fit.

The CB model uses several psychometric tools in order to accurately assess the complex, multi-faceted and interdependent factors and processes that refer to self (Harter, 1999). Students are asked to fill in self-report measures, such as the Young Schema Questionnaire (Young, 1999), or questionnaires about self-perception, dysfunctional thoughts, and mood. They are also asked to keep diaries on a day-by-day basis. Also, when feasible and necessary, other persons significant to the students are asked to fill in certain questionnaires. Moreover, a special emphasis is put on the uncovering of alterations in the self-structure at different ages.

In planning CB interventions, we principally take into consideration the highly individualized factors and processes, which are related to self, as well as their association with current problems. We also take into consideration the possibility for further development and utilization of existing personal resources. DuBois and his colleagues (2004) presented an intervention plan, which depends on an integrated, multi-dimensional and hierarchically organized sense of self as the frame wherein cognitive, behavioural and emotional strategies are being developed. These strategies can be used as motives for the enhancement of self-perception. DuBois et al. (2004) suggest that the implementation of such intervention plans helps in building up a sense of personal hardiness, while the strengthening of self-aspects can protect the person against future stressful events.

Despite the fact that applied research regarding the self is recent and, therefore, limited and inconclusive, a debate on the implementation of relevant findings in suffering and health populations has commenced. DuBois and his colleagues suggest that the use of these new intervention techniques could be "*useful for shaping programs for the prevention of psychological dysfunctions, as well as for facilitating positive adaptation and advanced psychological well-being*" (2004, p.223). Furthermore, they came to the conclusion that "*among the main psychotherapeutic approaches of our days, this is the only method that emphasizes the importance of understanding the self components related to adjustment or dysfunction*" (p.222). I believe that both suggestions made by DuBois and his colleagues could be beneficial for the psychological counselling of students, provided, of course, that future studies will provide ample documentation to the theory. It would also enrich our efforts in preventing and treating the difficulties associated with the vulnerable and easily shaped self of our students.

As already mentioned, entering and then studying in higher education is a source of stress. There is a growing bibliography and many theories regarding the definition of stress (e.g., Lazarus, 1999; Ursin & Eriksen, 2004). Therefore, I am not going to refer to any of these. However, I will refer to certain main findings about stress: a) stress is a multi-faceted concept; b) it is a process that includes both a biological and a psychosocial dimension; c) it refers to all three: stimuli, reactions and consequences; and (d) stress is not always harmful (see for example Selye's (1974) notion about eustress and distress), since it is the product of the active interplay with the environment (Lazarus & Folkman, 1984).

The question is what happens when stress becomes a risk factor that endangers psychosomatic health. The scientific research on stress offers a great amount of relevant descriptions and explanations (e.g., Carver & Scheier, 1999; Ursin & Eriksen, 2004). At this point, I will briefly discuss certain proposals derived from the applied research on stress that support our work:

1. Since the experience of stress refers to the ways that stress is perceived and evaluated by the person, we should aim in: a) shedding light to the 'problem' (distress) from different perspectives (cognitive - emotional - behavioural), in order to understand the connection between stimuli and reactions; b) identifying the interrelations between the sources of stress and many other factors, like expectations and motives; c) enhancing self-efficacy expectations with the use of relevant cognitive - behavioural group intervention programs (e.g., Kalantzi-Azizi, Karademas, & Sotiropoulou, 2001).

At this point, I would like to stress the importance of CB group intervention programs for students, as well as their strong interest for participation, a fact implying that being a member of an intervention group is a rather recognizable experience that does not provoke resistance.

2. A systematic psycho-educational program on effective coping strategies, problem solving skills and negative emotion management can benefit students. The selection of the most effective techniques is achieved through the analysis of pre-existing functional strategies, as well as through training in new ones. As already stated, psycho-educational collaborative efforts are especially appealing to the students, are easily understood and usually are employed with a minimum of objections/ resistance.
3. Finally, physical arousal could be directly dealt with: a) the employment of neuromuscular relaxation; b) the participation in group stress-management programs (e.g., Karademas & Kalantzi-Azizi, 2003); c) the participation in groups for dealing with special stress or anxiety related problems (e.g., groups for dealing with test - anxiety); d) the promotion of pleasant activities, the employment of time-management techniques, or even the use of a 'therapeutic pause of studying' for a defined period of time.

These strategies, when accommodated for students, can facilitate the construction of a "personal environment of functioning", and finally transform the stressful period of studying to a valuable and pleasant life experience.

I also believe that a student, when delivered from the vicious cycle of personal

problems, is ready to be constructively activated in the public life (a result of ‘empowerment’), and engage himself in dealing with the environmental sources of stress (e.g., college facilities). After all, this kind of activation provides the student with the necessary skills for becoming an active citizen.

Closing my proposal for a CB psychological counselling for students, I would like to remind you of the optimistic perspective of the “human image” (MENSCHENBILD) (Bandura, 1977a, 1977b). That is, of the person who is not a prey of the environment, but co-determines the world. Adjustment difficulties lead the emerging adult, who struggles to finish up studies, to our services. In turn, we must support him by reframing his weaknesses and using them as a motive to replace his non-functional ways of thinking and behaving.

At this point, I would like to refer to the factors that have played a role in the construction of the above-described proposal. The thoughts and suggestions I have offered are the result of my long involvement and experience on psychological counselling in terms of research, practice and debating with several colleagues. More specifically, the factors that have contributed to the development of my proposal are:

- a) My psychotherapeutic training and continuous interest in the behavioural and the cognitive-behavioural theory and intervention practice since 1972.
- b) The establishment of the Institute for Behavioural Research and Therapy in 1990. The Institute is a body for the promotion and training in CBT.
- c) My participation in the establishment and development of FEDORA-PSYCHE since 1991.
- d) My experience in the psychological counselling of students within the context of the Laboratory of Psychological Counselling for Students at the University of Athens, which operates since 1990 and has adopted the CB model since then (Harila, 1996). In Figure 1 the organization-chart of our Laboratory is presented.

The Laboratory of Psychological Counselling for Students is one of the three laboratories at the Department of Psychology, University of Athens. It provides individual counselling/ psychotherapy to the students of our university, group interventions and web-consulting (Efstathiou & Kalantzi-Azizi, 2005). It also coordinates community interventions (e.g., smoking cessation programs), provides supervision to post-graduate students in the field of Clinical Psychology (2-3 persons per year, for 3-5 days per week), facilitates research programs, and supervises graduate, post-graduate and PhD theses that refer to students related issues. The Laboratory is collaborating with other Counselling Centers for Students in Greece in many ways (e.g., training, supervision and common research projects), while new partnerships are also being developed with Centers abroad. The Laboratory website provides a lot of information regarding counselling, as well as regarding specific issues, like test anxiety, stress management, and study skills. To a lesser extend, the Laboratory organizes initiatives for the support of handicapped and foreign students.

Since 2000 a collaboration between the Laboratory and the Institute for Behavioural Research and Therapy has been launched (Leodiadou, Kalantzi-Azizi, & Charila, 2006). In this way, a constant feedback and update on the current advancements in CBT is

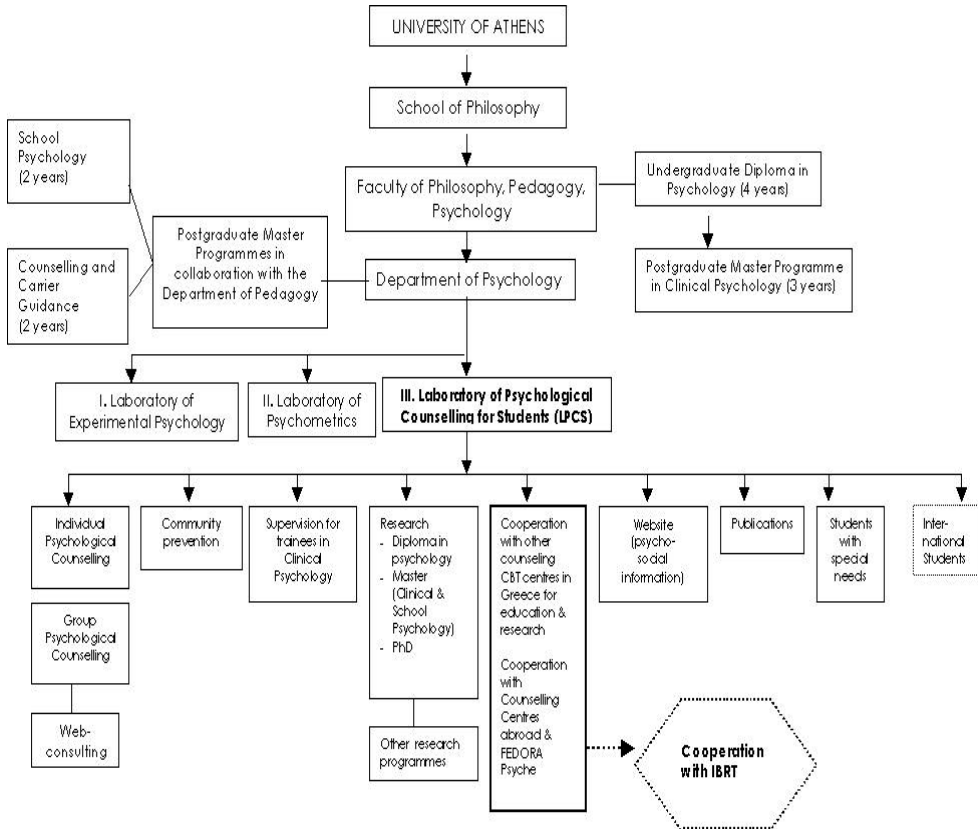


Figure 1
The organization-chart of the Laboratory of Psychological Counselling for Students, University of Athens, Greece

achieved. Besides that, the fact that the Laboratory operates within the context of the Department of Psychology gives us the advantage of updating our knowledge on Psychology in general, and Clinical Psychology in particular (Kalantzi-Azizi, 2006).

Furthermore, our collaborators are actively engaged in making public our experience, by means of presentations in scientific meetings and publications. Nevertheless, despite our many research projects (Activities Report 2003-2006), especially in the field of epidemiology, there is no systematic research regarding the proposed model. The great allocation of resources to the needed care provision, as well as the lack of enough full-time personnel is the main reason for this shortcoming. However, we have made some publications regarding the effectiveness of certain group intervention programs [e.g., Kalantzi & Matsaka (1996) regarding study skills training; Kalantzi-Azizi, Karademas, & Sotiropoulou (2001) regarding self-efficacy enhancement; Karademas & Kalantzi-Azizi (2003) regarding a stress management program]. Also, the quality control of some of these interventions was the subject of two graduate dissertations, while certain factors

of the therapeutic relationship were the subject of two post-graduate dissertations (Activities Report, 2003-2006). Recently, a functional outcome evaluation of our CBT web-counselling program was presented (Efsthathiou & Kalantzi-Azizi, 2005). Finally, two doctoral dissertations focusing on the evaluation of certain CB intervention programs are under way. The first is taking place on students with attention deficit – hyperactivity disorder, while the second refers to eating disorders in the student population. Moreover, two other doctoral dissertations employ the proposed model and utilize related peer counselling/ support experiences.

3. Proposals for a theory-based research and an evidence-based practice

As mentioned before, psychological counselling for students aims, among others, in supporting students with their adaptation to a new environment (higher education). However, our main concern should be the promotion of well-being and quality of life of our students (Karademas & Kalantzi-Azizi, 2005; Harila & Kalantzi-Azizi, in press). Both well-being and quality of life are difficult to define and multi-faceted concepts, which highly depend on individual differences. Still, this should not interfere with our work. What is needed is to overcome wishful thinking and follow the specific and well-defined steps of a reliable method.

Today, I presented to you my thoughts for a CB psychological counselling for students. Our own experiences, as well as the extended evaluation of the CB model in student and other populations and type of problems offer support to my proposal. This should not lead, however, to forced conclusions. We, as conscientious mental health professionals, should adhere to the methodological demands of our science that is, evidence-based practice (see for example, the late issue of the *Journal of Clinical Psychology* (63, 7), dedicated to evidence-based interventions). After all, the quality control of our intervention programs is imperative (see, for example, Hiller & Bleichardt, 2004), according to the European Association for Quality Assurance in Higher Education ('Standards and Guidelines for Quality Assurance in the European Higher Education Area; <http://enquanet/bologna.lasso>). Indeed, we have much to do in order to find out which model or blend of models is more appropriate for the psychological counselling of students.

I do believe that FEDORA – PSYCHE should undertake a significant role in the implementation of research and other activities by coordinating a collaboration between the European countries. The 'climate' shaped in the area of the European Area of Higher Education, which promotes the development of a Mental Health Policy in the universities, is our best ally for developing such activities (e.g., Rott, 2005; <http://www.osmhn@brookes.ac.uk>; <http://www.hucs.org>). This 'climate' facilitates the gathering of researchers and scientists with the aim of producing significant and scientifically valid work. This will help us strengthen our scientific profile and, thus, become able to come to discussions with the other mental health professionals (e.g., psychiatrists) and the university authorities as equivalent associates.

I will end my speech by offering a proposition. I propose the establishment of a

research team within FEDORA-PSYCHE with the duty to identify and validate efficient practices for all aspects of our work (prevention, intervention, care provision). In this way, a scientifically valid European framework of good practice will emerge. I hope that by joining forces at a national and European level, and by utilizing the need to implement a Mental Health Policy in our universities, we will succeed in raising funds for this effort.²

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RESEARCH PAPERS

EVALUATION OF PSYCHOLOGICAL COUNSELLING SERVICES IN HIGHER EDUCATION: THE CASE OF THE CENTER FOR COUNSELLING AND SUPPORTING STUDENTS OF THE UNIVERSITY OF MACEDONIA

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Abstract

This paper reports on the evaluation of the Centre for the Counseling and Supporting of Students of the University of Macedonia (CCSS) in the first academic year of its full operation, with the aim to investigate how the students who had made use of the services provided by the CCSS evaluate the procedures, the content of the counseling activities and the outcomes acquired. Therefore, our research focused on the students' assessments of four seminars, one counseling group and the individual counseling sessions they had participated in; 103 students took part in the seminars and the counseling group evaluation and 12 evaluated the individual counseling sessions. Two inventories with open- and close-ended questions were designed for the data collection. Results, in general, showed that participants reported a high level of satisfaction from the seminar features, such as the topics, the speakers, the organization, and the handouts. Most students were enthusiastically supporting the usefulness and the necessity of the counseling actions under evaluation. Specific conclusions were drawn for each and are discussed in the paper. The outcomes of this evaluation are expected to offer constructive feedback to those involved in providing counseling services in higher education and guide our efforts to meet the students' needs in a more satisfactory way.

Keywords: Counselling; higher education; evaluation; students' self-assessment.

1. Introduction

This paper reports on the first evaluation of the Centre for the Counselling and Supporting of Students of the University of Macedonia (CCSS) which took place upon

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the completion of a full year in operation. The aim of the paper was to examine empirically how the students who had made use of the services provided by the CCSS evaluate the procedures, the content of the counselling activities and the outcomes acquired. The results of this evaluation are expected to be useful not only to the CCSS of the University of Macedonia, but also to the other student Counselling Centers in Greek universities as, to our knowledge, relevant evidence is scarce. Therefore, we assume that this report will offer constructive feedback to all those involved in such projects and will guide our efforts in order to meet the students' needs in a more satisfactory way and further improve the provided counselling services. In the following pages, we will first describe the fundamental theoretical principles and the operational purposes of the CCSS and the provided services and activities. Subsequently, we will outline the aim and the methodology of the evaluation research and elaborate on the results and the conclusions drawn regarding the current operation and the continuation of the CCSS.

1.1. The Centre For The Counselling And Supporting Of Students Of The University Of Macedonia

The necessity of psychological counselling in higher education has been recognized by the global psychological community as an essential factor not only for academic success, but also for students' personal development and well-being (Rott, 2006). In Greece, however, few universities have taken action to establish and sustain a foundation (center, office or service) providing counselling to the students, mainly because of the limited financial recourses² (Papadioti, Damigos, Tzalla, Siafaka, & Ntoka, 1992; The first and pioneering Student Counselling Center was founded in the University of Athens in 1990, by Professor Anastasia Kalantzi-Azizi who is still the Director. Since then, she and her team have been a great source of expertise, guidance and encouragement for the foundation of counselling services in other Greek universities, such as our CCSS in the University of Macedonia, and their generous contribution is highly appreciated (Kalantzi-Azizi, 1997; Kalantzi-Azizi, Karadimas & Sotiropoulou, 2001; Kalantzi-Azizi & Malikioti-Loizou, 1994; Kalantzi-Azizi, Rott, & Aherne, 1997).

1.2. Establishment And Inner Structure

After a 4-month preparation, the CCSS started its operation in January 2004. Commissioned by European Union Funds, it was originally scheduled to operate for two years, but due to efficient financial management and a short extension of the funding it has now prolonged its operation up to August 2008. After that, it is expected to be incorporated in the university organization structure and funded by the official budget of the University of Macedonia. A counselling psychologist and a secretary have been employed since the beginning of the CCSS but on a part-time basis due to limited financial recourses. Also, a number of domain-specific experts, such as doctors, nurses, psychologists and psychiatrists, have been voluntarily involved in the CCSS, providing

2. Unfortunately, some of the universities had to close their psychological counseling center some time after its establishment, because of lack of funding (e.g., the Democritus University of Thrace, Efthimiou, 1999).

limited counselling services to the students. The CCSS is directed by Dr. Maria Platsidou, Assistant Professor in Developmental Psychology, and supervised by a 3-member committee of academic staff.

1.2.1. Psychological counselling actions of the CCSS

When we first started to formulate the services of the CCSS our aim was to cover a wide range of requirements we assumed the young students would have. Post-adolescence is indisputably a crucial period for the individual; beginning university studies may trigger a series of potential quite stressful changes (i.e. leaving home, connecting with a new social group, choosing a major, etc.) that can activate the beginning of new or the reinforcement of underlying social, psychological and educational problems (Anderson & Fleming, 1986; Kissas & Kalantzi-Azizi, 1997; Malikioti-Loizos, 1989). As Kalantzi-Azizi (1997) has put it, the primary objective of counselling in universities should be “to provide support in order to help students overcome easily and timely the difficulties of adjustment with regard to the new educational system and make them find out new effective ways of solving post pubertal problems” (p. 54). Guided by the above considerations, the intervention provided by the CCSS is carried out through three main actions.

Our prime goal was to provide preventive counselling; therefore, a series of seminars are offered to the students on a wide variety of subjects addressed to their mental and physical well-being (Godbey & Courage, 1994). There is no doubt that many psycho-social problems affect students' academic life and constitute a threat to their learning progress (Whitmann, Spendlove, & Clark, 1984). A range of factors -including leaving home for the first time, having to manage their own finance and make new friends, dealing with issues such as self-identity, sexual behavior, making important life decisions - lead students to experience distress at the university (Greenberg, 1981). Feeling distressed, students may experience procrastination, lack of concentration and exam stress (Kalantzi-Azizi & Chatzidimou, 1996; Karadimas & Kalantzi-Azizi, 2004). To help them cope with all these, the CCSS offers a variety of seminars or workshops aiming at the improvement of study and life skills (Deppreuw, 1996; Kalantzi-Azizi et al., 2001). Up to the present, 42 seminars have been conducted, each one attended by approximately 35 students. As we noticed, the most appealing topics to the students concern interpersonal relationships, developing assertiveness, dealing with loneliness, building self-esteem, improving social skills, adjusting to academic life, stress and anger management, panic disorder, psychosomatics, sexuality, health and diet, cigarette and alcohol addiction.

In addition to the seminars, students are called to participate in counselling groups in which they can work on a deeper exploration and further development of their personal characteristics. Six groups have been conducted so far; each one lasted six to seven sessions and was attended by 10-12 students. The most engaging themes concerned self-awareness and self-esteem.

In terms of individual counselling sessions, the CCSS provides short-term supportive counselling for a maximum of 15 sessions. Up to now 93 students have taken part in individual counselling and 604 hours of counselling sessions have been conducted (with a mean of about 7 sessions per student). The demographic characteristics of our “clients” can provide useful information for drawing conclusions about the student population

that potentially may seek individual counselling in the future; therefore, they will be briefly described: according to our data, 74% of the students who received individual counselling were females and 26% males. In relation to level of studies, 87% were undergraduate (20-25 years old) and 13% were postgraduate students (26-30 years of age). An interesting point relates to the specific time in their studies the students visit the CCSS for the first time: the majority of the students (52%) paid their first visit to the CCSS when they were in the third year of their studies, while 17,5% came when they were in their fifth year. It seems that the freshmen do not know much of the psychological counselling services provided or they have not yet realized in what way these services can help them overcome the difficulties they encounter in their academic life and studies. The third year and senior students differ from the freshmen in their specific concerns and in the way they deal with them. They recognize that their personal problems may hamper their educational progress and seek for possible solutions through counselling. Finally, the most common reasons students resort to counselling concern emotional and social issues such as problems with their partner or their family; less frequent are problems related to anxiety, depression, self-esteem, sexual issues, and study problems or learning difficulties.

The intervention actions undertaken by the CCSS work in a complementary, holistic way. Usually, the open seminars stimulate students to seek individual counselling, where they are able to identify their problems, explore the sources and finally cope with them. When suggested, they can participate in a workshop with the aim of learning how to deal with the educational difficulties that usually arise from and coexist with these problems. The intervention is further assisted with the counselling groups where students are encouraged to interact with other participants and develop social and communication skills. We have noticed that the participation in the seminars and/or the counselling groups is a vehicle for the students to get familiarized with the CCSS and then seek individual counselling. It must be noted that familiarization is important for our work with students; as most of them are studying in financial, business, accounting and information technology disciplines, they are not at ease with psychological issues and counselling procedures, at least in their academic context.

1.2.2. Integration of the disabled students

In October 2004 the CCSS launched a project aiming at the integration of the disabled students in the academic (educational and social) life of the university. Currently, approximately 388 disabled students are enrolled at the University of Macedonia; however, only a small number of them have regular attendance and attain academic success. It seems that disabled students can hardly overcome difficulties related to the accessibility, lack of proper facilities, interpretation of sign language and social isolation. Very often these hindrances result to the discontinuance of their studies (Kalantzi-Azizi & Sidiropoulou-Dimakakou, 1995; Kostaridou-Efklides, 2002; Sofianidou, Mpakomitrou, & Kalantzi-Azizi, 2005). One way to help the disabled students integrate is to organize a peer counselling project. Linked to this suggestion, our idea at the CCSS was to motivate undergraduate students help their disabled classmate students. Upon our call, a surprisingly large number of students were recruited from all the departments of the university and received adequate training about how to communicate and assist their

fellow disabled students in the best possible way. So each of the disabled students was paired with a volunteer student who, according to his/her skills and training would serve as an interpreter of sign language, facilitate accessibility and communication with the academic staff and secretariat, provide study material, promote participation, friendship and social integration. This model of integration has been successfully used in other universities (Kalantzi-Azizi, 1997, 2003; Kostaridou-Efklides, 2003).

1.3. Evaluation Of The Psychological Counselling

Previous experience from the global higher education community has shown that the psychological counselling centers provide useful services to the students (e.g., Solberg, Ritsmab, Davisa, Tatic, & Jolly, 1994). Furthermore, advances in theoretical thinking accompanied by specialized research have been noted in this domain (Figge, Kaiphos, Knigge-Ilner, & Rott, 1997). Actually, student counselling is knowledge that is developed in practice and creates the so called “practical psychology” (Louw, 1992). Louw uses this term to underline the importance of “on-the-job experience”. At the same time, psychologists, counsellors and other experts who are engaged in student counselling need to be aware of the appropriateness, effectiveness and helpfulness of their job (Smith, 2000; Rott, 1997). Therefore, the evaluation of the operation and the outcomes of the provided counselling services is an important step in measuring the effectiveness of our work with the students.

Furthermore, in the context of universities with a financial, business and technological orientation such as the University of Macedonia, this evaluation is expected to empower the value and the contribution of a psychological counselling center and challenge the university authorities to consider its adequate financial support. As it has been noted, it is an unfortunate but common phenomenon that in some Greek universities the counselling centers are struggling to remain open due to limited funding (Kalantzi-Azizi, 1997; Kalantzi-Azizi & Malikiosi-Loizos, 1994).

1.4. Aim Of The Present Study

Although the important role of psychological counselling for the students’ personal growth and academic success has been sufficiently supported (Rott, 1997; Smith, 2000; Solberg et al., 1994), evaluation of the counselling services is limited, at least among the Greek universities. Most of the published evaluations of the university counselling centers usually report on data related to the epidemiological characteristics of the students who have visited them, their common problems, etc. (Efthimiou, Efstathiou, & Kalantzi-Azizi, 2001, 2003; Charila, 1997; Karademas, Kalantzi-Azizi, & Efstathiou, 2002; Brutin, Gendre-Dusuzeau, & Pradel-Lanson, 1994; Knigge-Ilner, 1994).

In this study we aimed at investigating the students’ assessments of the counselling services provided by all the actions of the CCSS in the first academic year of its full operation (2004-2005). Thus, our research focused on the students’ evaluation of four seminars (“I am a man, I am a woman”, “How do I choose my mate”, “Violence and abuse within interpersonal relations” and “Sexuality and sexual health: myths and problems”), one counselling group (“Getting to know myself, this great stranger”) and the individual counselling sessions.

2. Method

2.1. Participants

Two groups of students took part in this study; the first consisted of 105 students who were asked to evaluate the seminars and the counselling group. In this group, 23 (21,9%) were males and 78 (74,3 %) were females, while 4 individuals did not report their gender. The second group consisted of 12 students (four males and eight females) who were asked to evaluate the individual counselling sessions they participated in. All participants were undergraduate students in the eight departments of the University of Macedonia.

2.2. Measures

Two questionnaires were designed for the data collection. The first aimed at the evaluation of the seminars and the counselling group and included 14 questions, 12 close-ended and 2 open-ended. The second aimed at the evaluation of the individual counselling sessions and included 7 close-ended questions. The students were asked to fill in the respective questionnaire right after they had participated in a psychological counselling action.

3. Results

3.1. Evaluation Of The Seminars And The Counselling Group

In the next pages, the questions and the descriptive statistics of the data collected by the first questionnaire will be presented. Firstly, the students were asked to report the number of the seminars of the CCSS they had attended so far; the majority of them (83 students, 79%) reported that they had attended 1-3 seminars; 11 students (10,5%) had attended 3-6 seminars; 4 students (3,8%) had attended 6-10 seminars.

When they were asked if they were at all hesitant the first time they participated in a CCSS seminar, most of the students reported that they either felt not hesitant at all (70 students, 66,7%) or that they felt just a little (20 students, 19%); few said they felt quite hesitant (11 students, 10,5%), while only one student (1%) was very hesitant.

Subsequently, the students were asked to evaluate the adequacy of the persons who delivered the seminars; most students (70 individuals, 66,7%) judged it as very good, 31 students (29,5%) as just good and only three students (2,9%) as moderate. When they were asked if the seminars satisfactorily met their expectations, 46 students (43,8%) said they were very satisfied, 53 students (50,5%) reported a moderate degree of satisfaction, while three students (2,9%) reported a low degree of satisfaction.

Then the students were asked to evaluate how useful they thought that the seminars will be in improving their interpersonal relations; 54 students (51,4%) thought they will be very useful, 40 students (38,1%) thought they will be moderately useful, while 9 students (8,6%) answered that whatever they gained from the seminars will be a little useful in their interpersonal relations.

In addition, they were asked if they think that such seminars are necessary for their psychological and academic growth; the overwhelming majority (81 students, 77,1%) thought they are highly necessary and 23 students (21,9%) though they are fairly necessary (Figure 1).

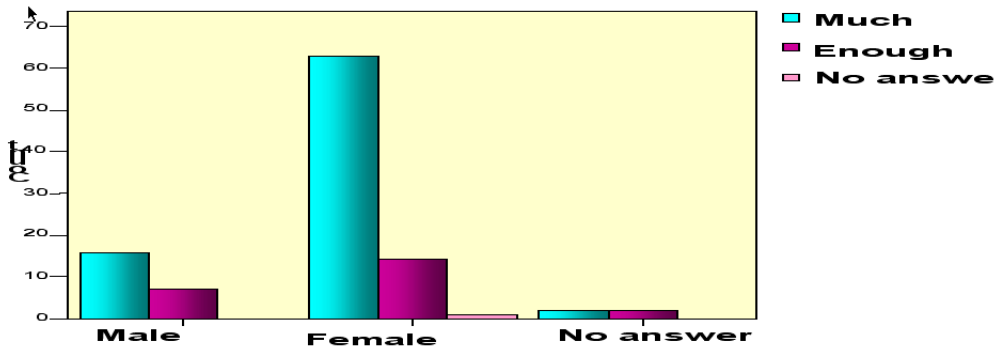


Figure 1
 “Do you think that such seminars are necessary?”

Finally, as regards the topics of the seminars and counselling groups the students would like to attend in the future, the most popular topics (according to their self-reports) referred to emotional problems, difficulties in personal relations, personal-psychological problems, sexual and psycho-physical problems (Figure 2).

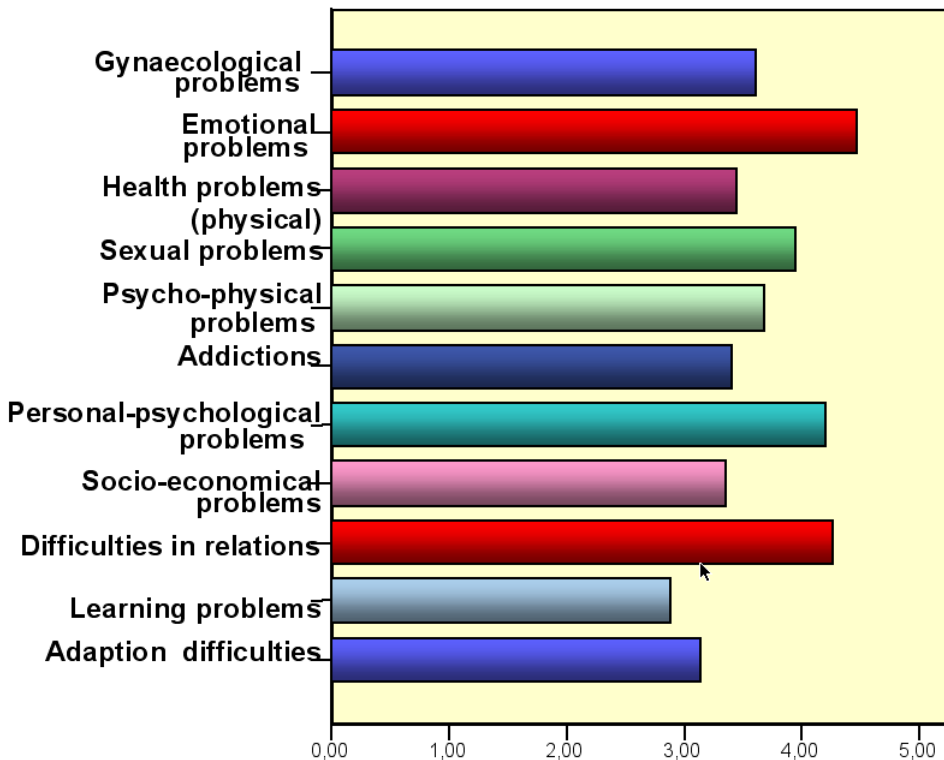


Figure 2
 “What seminars (topics) would you be interested in attending in the future?”

3.2. Evaluation Of The Individual Counselling Sessions

Students who had participated in the individual counselling sessions were asked to evaluate them in regard to various features. Twelve students who varied in the number of sessions they had so far were tested; in general, five students (41,7%) reported they had 3-10 sessions, while seven students (58,3%) reported they had more than 10 sessions. Regarding their feeling of hesitancy in their first session, six students (50%) reported no such feeling, four (33,3%) said they felt a little hesitant and two (16,7%) said they felt fairly or very hesitant.

When the students were asked to evaluate how much the individual counselling helped them deal with their personal problems, the answer was remarkable: all students (100%) reported that the individual counselling helped them cope with their personal problems to a great extent. Then, they were asked to evaluate how much individual counselling helped them improve their academic life; six 6 students (50%) said it was greatly helpful, three (25%) said it was moderately helpful, while only one (8,3%) said that it was a little helpful in developing their academic life. In regard to their evaluation of how much the individual counselling helped them improve their social skills, most students (7 individuals, 58,3%) reported a great degree of improvement, three students (25%) reported a moderate degree of improvement and only one said the individual counselling did not contribute at all to the improvement of his social skills.

Finally, the students were asked to assess any improvement in their behavior and/or emotion management as a result of the individual counselling sessions they attended. The majority of them (10 students, 83,3%) reported a great improvement, while two students (16,7%) reported a moderate improvement as a result of the individual counselling they received.

4. Discussion

Since the decade of '90, the Greek Universities progressively became aware of the need to provide psychological counselling to the students as a measure to prevent problems or facilitate their coping with struggles and difficulties. Soon, the need for evaluation of the provided services and the feedback for their improvement arose. However, up to this day, the (published) evaluation of the university counselling services is limited, at least among the Greek universities.

This research aimed at investigating the students' assessments of the counselling services provided by all the actions of the CCSS in the first academic year of its full operation (2004-2005). Specifically, the students were asked to evaluate four seminars, one counselling group and the individual counselling sessions they had participated in.

In summary, regarding the seminars and the counselling group, our results showed that a quite large number of students are "regular attendees", that is, they participate in almost all the activities of the CCSS. Also, it seems that another large number of students are attracted by the specific topics and they occasionally attend some of our activities. In general, the students reported a high level of satisfaction from the seminar

features, such as the topics, the speakers, the organization, the handouts, etc. As it concerns the usefulness of the counselling action, most students stated that whatever they gained from the seminars and the counselling group would be useful for their interpersonal relations and they valued this psychological counselling action as necessary. Students were found to be mostly interested in attending seminars related to emotional problems, difficulties in relations, personal-psychological problems, sexual and psycho-physical difficulties.

As regards to the individual counselling sessions, the following conclusions can be drawn from the students' assessments: It seems that the students who took part in individual counselling dealt with rather serious personal problems, since they needed to meet with the counselling psychologist many times. Due to the fact that individual counselling is a relatively new initiative in the context of Greek Universities, especially for a university such as ours with a financial, technical and business orientation, it was expected that the majority of students would be rather hesitant. However, despite their initial hesitation, they admitted that the CCSS is a real necessity for helping them cope with their personal problems.

When the students were asked to assess the outcomes of this action of the CCSS, the results were very encouraging. All the students who participated in the individual counselling reported they received a great help for dealing with their personal problems; in other words, they looked deeper into their problem, comprehended its causes and managed to cope with it. Moreover, results indicated that the individual counselling helped students overcome the difficulties related to their studies and the organization of their life. As a result, they managed to adjust to their academic life more successfully. Also, individual counselling triggered to a great extent a series of positive changes in their behavior as well as their emotion management. Students who dealt with difficulties in communication and interpersonal relationships reported a high improvement in their social skills as a result of the individual counselling.

4.1. Conclusions

In its three years of operation, the CCSS of the University of Macedonia has launched a series of psychological counselling actions aimed at facilitating the students' personal and academic growth and well-being. A fair number of students of all the departments of the University of Macedonia have attended the seminars and the counselling groups reporting a high degree of satisfaction with the provided services. Also, the individual counselling was proved effective to those students who dealt either with personal or with psycho-social difficulties.

The above mentioned evaluation has proven to be a useful tool for all of us who are engaged in CCSS and helped us revalue our work. The results of this research encourage us to continue and expand our actions in a more efficient way. Additionally, this evaluation empowered the value and the contribution of our psychological counselling center and challenged the university authorities to consider its adequate financial support. Of course, there is much space for further improvement of the CCSS

services especially in developing more effective ways to make the CCSS known to the students even from their very first time in the university.

Finally, as it is mentioned in other surveys of a similar character, if a counselling center is to flourish or even survive, a research of students' perceptions of and satisfaction with the provided counselling services has to be done in a regular basis to ensure that psychological counselling is responding appropriately to their needs (May, 1999). Evaluation can promote learning and development and also allow time for exploration of difficulties for practitioners who want to examine more closely the work they do and become more competent and successful (McLeod, 1999).

Taking into account the outcomes of present research, we acquired useful feedback for the measures that should be taken for the improvement of the CCSS services. As a first priority, however, there is a need to employ in a full-time basis a counselling psychologist and a secretary so that the CCSS may work at full capacity. In addition, further cooperation with specific experts such as doctors, nurses, psychologists and psychiatrists is considered to be beneficial for both the students and the staff of the university. However, the prerequisite for these suggestions to be applied is to incorporate the CCSS in the University organization and finance its operation through the official budget of the University, since the low financial resources reduce the effectiveness of the provided services. This is an imperative request not only for the psychological counselling center of the University of Macedonia but also for most of (if not for all) counselling centers of the Greek universities, which are struggling to continue their operation despite their low finances.

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STUDENTS' PSYCHOSOCIAL HEALTH AND ADJUSTMENT TO THE UNIVERSITY OF IOANNINA

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Abstract

Transition into Higher Education represents a critical period that may threaten students' psychosocial health and adjustment. Increasing severity of the psychosocial problems presented at University Counselling Centres (Stone & Archer, 1990. Navrides et al., 1990. Papadioti & Damigos, 2003) calls for a closer look at the social and emotional implications of this transition. The present study aimed to assess psychopathology symptoms and their relation to students' psychosocial and academic adjustment as well as the potential effect of certain demographic variables (e.g. gender, year, school and place of study, parents' educational level, parent loss, birth order, etc.). 503 University of Ioannina students were asked to complete the Symptom Check-List - 90R (Derogatis, 1977) and the Students Adaptation to College Questionnaire (Baker & Siryk, 1989) together with a demographic questionnaire in the beginning of their lectures. Marginal elevations of total psychopathology levels were observed in students compared to general population, while global psychosocial adjustment was desirable. As predicted, the higher the level of psychosocial adjustment the smaller the severity of symptoms. Females reported significantly more symptoms and lower psychosocial adjustment. Moreover, students whose mother held a high educational level reported significantly higher social and emotional adjustment as well as significantly less severe symptoms of anxiety, obsessive-compulsive disorder, psychoticism, hostility and guilt. Mother loss was significantly correlated with low social adjustment, while father loss indicated significantly more severe symptoms of anxiety, hostility and psychoticism. Leaving away from home to study indicated significantly lower levels of attachment to university, social and emotional adjustment as well as more severe symptoms of anxiety, phobic anxiety, paranoid ideation, psychoticism and guilt. Finally, the greater the number of brothers and sisters in students' family as well as the younger the student was among them, the greater the level of social adjustment and the greater the severity of eating disorders. Possible interpretations and implications of the present findings are discussed.

Keywords: University students; psychiatric morbidity; psychosocial adjustment; socio-demographic effects.

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1. Introduction

During late adolescence, many young people negotiate novel experiences related to studying at a university. Together with the developmental pressures that emerge at this crucial transitional stage, students come to face some additional diverse stressors relevant to university life (Grayson, 1998). Disengaging from school life and childhood as well as learning to study and function as an autonomous adult within the university environment are important tasks that usually appear together with identity, relationship and vocational concerns. Such stressful changes may cause extreme distress, lead to a psychological turmoil and therefore threaten students' psychosocial health. In some cases, adjustment to the university life is being jeopardised, resulting even to resignation from studies (Tinto, 1987).

Many attempts have been carried out, in order to investigate the factors involved in a less or more successful transition to the university. According to Tinto's (1993) as well as Ratcliff's (1991) work on this area, it could be suggested that three distinct groups of variables can be detected: a) family background issues (e.g. income, values and parents' education), b) factors related to students' motives, expectations and commitment to goals as well as university demands, and b) factors related to students' socialisation within the university campus. On these grounds, the higher the sense of purpose, the level of educational or occupational goals as well as the level of social integration and support, the greater the adjustment and the persistence in university.

Recent studies also suggested that students tend to experience increasingly more stress, while increasingly more students seek counselling (Stone & Archer, 1990). In the USA, the percent of freshmen who reported being overwhelmed by "everything I have to do" was found to be increased from 16.4% to 29.4% between 1987 and 1997 (Austin, Parrott, Korn, & Sax, 1997). Similarly, the percent of those who sought personal counseling after entering college increased from 34.7% to 41.11% during the same decade (Austin et al., 1997). In Greece, the percent of students that reported severe symptoms of depression and/or anxiety was found to be significantly greater in 2002 (Papadioti & Damigos, 2002) than in 1990 (Navrides et al., 1990). According to Thombs (1995), freshmen who demonstrated problem behaviours (e.g., poor study habits, substance abuse, other self-defeating behaviors) were distinguished from non-problem behaviour freshmen in terms of a less organized persistence towards goals. For Kalsner and Pistole (2003), though, adjustment to university was influenced by developmental pressures as well, such as patterns of attachment to important others and separation-individuation issues. Relevant research also revealed that less well-adjusted males were more disconnected with significant others and less prone to use social support, whereas less well-adjusted females demonstrated high levels of separation anxiety and were overly dependent on social support (Gerdes & Mallinckrodt, 1994; Holmbeck & Wandrei, 1993).

Research findings were confirmed by counselling practice within universities. Indeed, according to the University of Ioannina Counselling Centre (SKEPI) records, successful adaptation to university life seemed to be dependent on effectively dealing with academic, social and developmental pressures. For the majority of students that seek

counselling, their motives were in question, a sense of personal inadequacy and a low self-esteem were expressed, while the need for changing self to adjust to external changes was apparent. In other words, students were being overwhelmed by stressful thoughts (e.g. “who am I”, “what am I doing at the university”, “I will not be able to deal with all these pressures”, “what am I going to do”, etc.) and feelings (that is, feeling desperate and/or helpless, distressed and confused). Female students further tended to focus on relationship issues, while male students on academic difficulties. In order to deal with such pressures and maintain a rudimentary continuity in the perception of self, students often chose to isolate themselves from social and/or educational activities. The impact of these maladaptive behaviours on the quality of students’ life is rather out of question.

The present study was designed to assess students’ psychosocial adjustment to the University of Ioannina as well as its association with mental health variables. Lack of relevant findings in the Greek student population together with a limited number of studies examining adjustment in terms other than academic success alone had been an important motive to proceed with this study. Our purpose was to enlighten different aspects of adaptation to university, detect those areas that would appear to be problematic and prevent the establishment of maladaptive behaviours that would threaten students’ psychosocial health.

2. Method

2.1. Sample

503 University of Ioannina students attending different courses at different years of study participated voluntarily at the present study. The sample consisted of 106 males and 397 females aged 19 years (± 2.13) and it was representative of the students enrolled to each course and year of study.

2.2. Measures

Demographic information, including gender, age, course and year of study, parents’ educational status and occupation as well as family structure, were collected.

Students’ mental health was assessed by the Greek version of the revised Symptom Checklist-90 (SCL-90-R) (Ntonias, Karastergiou, & Manos, 1991), developed by Derogatis (1965) to provide an overview of a subject’s symptoms and their intensity at a specific point in time. The test contains 90 items and measures 9 primary symptom dimensions (that is, somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism), providing an index for each dimension as well as 3 global indices (that is, global severity, positive symptom distress and positive symptom total).

For the assessment of students’ adjustment to the university experience, the Student Adaptation to College Questionnaire (SACQ) was used. This 67-item self-report questionnaire was designed by Baker and Siryk (1984, 1989) to measure overall adjustment as well as adjustment in four specific areas, namely academic, personal-emotional, social and attachment to the institution, by using a 9-point Likert scale. With

regard to the SACQ's satisfactory psychometric features as well as its useful applications in the areas of both counselling and basic research (Beyers & Goossens, 2002; Dahmus, Bernardin, & Bernardin, 1992), the test was considered as a valuable instrument to assess different aspects of adjustment in the Greek student population. It was purchased by the current research team and, after we had been given the permission, we proceeded with its adaptation. The Greek version of the SACQ was developed according to the back-translation procedure. Validity and reliability tests as well as factor analyses were performed to ensure that the psychometric features of the Greek version were similar to those of the original version (these data are to be published elsewhere by the current research team). Overall reliability as well as reliability of the four subscales was desirable (Cronbach's alphas > .80).

2.3. Procedure

The study was conducted during class hours in the participants' classrooms with the permission and assistance of the person responsible for the class (e.g. lecturers, PhD students, etc.). Students were informed of the purpose of research and they were asked whether they wished to take part. When the needed number of volunteers was reached, students were given the questionnaires together with some explanatory instructions. Researchers were present for those 20 minutes that the procedure lasted to provide further explanations, if needed.

3. Results

The greater proportion of the students examined were females (79%), studying soft sciences (61%) and being at the 2nd or 3rd year of study (44%). Means and standard deviations for overall adjustment, academic, social and personal-emotional adjustment as well as attachment to educational/institutional goals are presented on Table 1. Similarly, means and standard deviations for all psychopathology symptom dimensions and indices of severity and distress are presented on Table 2.

Testing for normality of distribution showed that many variables were not normally distributed. The nonparametric procedure Spearman's rho was then performed to test for significant correlations between adjustment and psychopathology variables as well as among these and selected demographic variables.

Significant negative correlations were observed among all adjustment and psychopathology indices ($p < .001$) (Table 3). Female students reported significantly better overall adjustment ($p < .05$) as well as academic adjustment and attachment to the educational goals / institute ($p < .01$). When the place of study was the home town, adjustment in all areas of student life was significantly better ($p < .01$). The greater the year of study, the better the academic adjustment ($p < .01$), whereas the higher the mother's education the better the social adjustment ($p < .05$). Social adjustment was also significantly but negatively correlated to mother loss ($p < .05$).

Significant correlations were also observed among severity of psychopathology symptoms and the accompanying distress with selected demographic variables (Table

Table 1
Means and Standard Deviations for SACQ Indices (N = 503)

<i>Student Adaptation to College</i>	<i>Mean</i>	<i>SD</i>
Total Adjustment	6.24	.95
Academic Adjustment	5.93	1.10
Motivation	6.80	1.24
Application	6.30	1.60
Performance	5.35	1.37
Social Adjustment	6.18	1.06
General	5.29	1.30
Other People	6.12	1.28
Nostalgia	6.74	2.00
Social Environment	5.64	1.86
Personal-Emotional Adjustment	6.03	1.51
Psychological	5.89	1.63
Physical	6.23	1.64
Attachment	7.21	1.04
General	8.60	0.90
This College	7.46	1.60

Table 2
Means and Standard Deviations for SCL-90-R Indices (N = 503)

<i>Symptom Checklist</i>	<i>Mean</i>	<i>SD</i>
Global Severity Index	.79	.53
Positive Symptom distress	1.68	.48
Positive Symptom Total	39.53	18.82
Somatisation	.59	.56
Obsessive-Compulsive	1.09	.71
Interpersonal Sensitivity	1.03	.69
Depression	.90	.65
Anxiety	.65	.80
Hostility	.73	.73
Phobic Anxiety	.46	.55
Paranoid Ideation	1.13	.76
Psychoticism	.64	.52

Table 3
Significant Correlations among SACQ and SCL-90-R Indices (N = 503)

	Overall Attachment	Academic Adjustment	Social Adjustment	Personal-Emotional Adjustment	Adjustment to Educational Goals/Institution
Spearman's rho					
Global Severity Index	-.626**	-.409**	-.459**	-.706**	-.417**
Positive Symptom Total	-.579**	-.385**	-.426**	-.649**	-.387**
Positive Symptom distress	-.498**	-.315**	-.367**	-.562**	-.332**
Somatization	-.472**	-.305**	-.308**	-.583**	-.289**
Obsessive-Compulsive	-.513**	-.352**	-.356**	-.587**	-.323**
Interpersonal Sensitivity	-.490**	-.297**	-.445**	-.517**	-.359**
Depression	-.606**	-.367**	-.481**	-.672**	-.432**
Anxiety	-.578**	-.384**	-.377**	-.683**	-.362**
Hostility	-.519**	-.405**	-.301**	-.576**	-.339**
Phobic Anxiety	-.354**	-.193**	-.325**	-.398**	-.241**
Paranoid Ideation	-.460**	-.325**	-.368**	-.476**	-.336**
Psychoticism	-.501**	-.331**	-.362**	-.570**	-.338**

** Correlation is significant at the 0.01 level (2-tailed).

Table 4
Significant Correlations Among Demographic Variables, SACQ and SCL-90-R Indices (N = 503)

	Gender	Course of Study	Year of Study	Study at Home	Mother Loss	Father's Education	Mother's Education
Spearman's rho							
Overall Adjustment	,095*			-,155**			
Academic Adjustment	,166**	,099*	-,151**				
Social Adjustment				-,171**	-,102*		,094*
Personal-Emotional Adjustment				-,168**			
Attachment to Educational Goals / Institution	,132**			-,129**			
Global Severity Index	,126**			,169**			
Positive Symptom Total	,164**			,149**			
Positive Symptom Distress				,141**			
Somatization	,134**		,095*	,122**			
Obsessive-Compulsive				,121**			-,106*
Interpersonal Sensitivity	,138**			,173**			
Depression	,177**	,099*		,145**			
Anxiety	,132**			,163**			-,088*
Hostility			,133**				
Phobic Anxiety	,211**			,207**		-,116**	
Paranoid Ideation			,128**	,093*			
Psychoticism				,160**			-,089*

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

4). Female students and those who were studying at home town reported significantly greater severity of symptoms and distress ($p < .01$). Significant negative correlations were found between parents' education and year of study with selected symptoms ($p < .05$).

4. Discussion

The present findings revealed that psychosocial adjustment of the University of Ioannina students was desirable in all areas of student life. Students' satisfaction with overall academic education as well as with studying at the University of Ioannina was particularly high. Female students demonstrated marginally better overall adjustment, academic adjustment and attachment to the institute. They were somewhat more motivated than male students with regard to their academic goals, their actual academic efforts and performance. Not surprisingly, adjustment in all areas was also better for students who did not have to move away from home to study.

As far as the students' mental health status was concerned, it was found that it was almost comparable to the one of the general population in Greece. As expected, the better the adjustment in all areas of student life the less severe the symptoms experienced and the accompanying distress. However, better adjusted students, such as females and those who stayed at home town to study, tended to report more severe symptoms and distress.

In an attempt to explain this finding, it should be noted that female students tended to demonstrate a better adjustment to academic issues but not necessarily to all other aspects of student life. This may represent women's motivation and actual efforts to be qualified and competent of important posts in the labour market or at least of some job, since unemployment in Greece is high and the need for women to financially assist family is even higher. Such desirable academic adjustment was accompanied by higher levels of minor psychiatric morbidity. However, this may represent actual gender differences on mental health as relevant research has shown (Ntonias, Karastergiou & Manos, 1991; Derogatis, 1965).

Similarly, students who did not move away from Ioannina to study appeared, as expected, better adjusted. As one would expect, the absence of certain stressors in those students' life (e.g. leaving home, friends and family, learning to live alone and to take care of themselves, finding a proper place to live, etc) as well as the existence of a given social network that buffered other stressors relevant to university life (e.g. academic difficulties, difficulties with making new friends, etc.) might have allowed transition to be smooth. Still it also seems to have had adverse effects on students' development and maturation. Such minor changes in students' everyday life may have actually slowed down transition, resulting in a difficulty to adjust to changing demands and needs of both self and others. In order to deal with these inconsistencies, students may respond with a somewhat increased severity of mental health problems.

Apparently, present findings showed some clear trends that were supported by both literature and counselling practice in Higher Education Institutes. What was interesting, though, was that adjustment to university life may be unrelated to some extent with

minor psychiatric symptoms. Further investigation of the involvement of variables related to students' family structure and functioning as well as patterns of attachment and psychological separation is needed.

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EPIDEMIOLOGICAL STUDY OF STUDENTS' MENTAL HEALTH (THE CASE OF THE UNIVERSITY OF IOANNINA)

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Abstract

Transition into Higher Education represents a critical period that may threaten students' psychological health and well-being. Increasing severity of students' psychosocial problems as addressed by University Counselling Centres (Stone & Archer, 1990; Navrides et al., 1990; Papadioti & Damigos, 2003) indicates the need for a further investigation of adverse effects of this transition. On these grounds, the present study was designed as a part of an extended epidemiological research, aimed to assess higher education Greek students' mental health. 431 students (mean age 19.5, $SD \pm 1.85$) studying at 13 different schools and departments of the University of Ioannina were asked to complete 3 self-report questionnaires assessing general health status (GHQ-28), depression (CES-D) and general psychopathology (SCL-90-R). Marginal elevations of total psychopathology levels (mean GSI .76) were observed in students compared to general population, while depression rates were found to be above CES-D cutoff point (>21) for 27% of students. Significant correlations were obtained for gender, year of study, father's education and birth order with several psychopathology indices. Possible interpretations of the present findings are discussed.

Keywords: University students; psychiatric morbidity; mental health; socio-demographic effects.

1. Introduction

University life, though exciting, can nevertheless signal the beginning of a crisis for those young people experiencing it. Developmental pressures concerning transition from adolescence to adulthood call for mastering certain tasks: separating from family, living autonomously, developing a positive and coherent identity, forming friendships and

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intimacies, advancing towards career goals. Additional stressors relevant to the new venture (e.g. academic or financial problems) can create a vortex which engulfs students, often resulting in an attendant breaking down. The manner that these stressors affect students depends on several variables, such as personality, emotional stability and coping mechanisms (Millings Monc, 2004). According to the American Psychiatric Association (1987), “the severity and the duration of the reaction is not completely predictable from the severity of the stressor. Individuals who are particularly vulnerable may react with a more severe form of the disorder after only a mild or moderate stressor, whereas others may have only a mild form of the disorder in response to a marked and continuing stressor.”

It is not surprising, therefore, that there has been an increasing concern about university students’ mental health. Research evidence has unfortunately confirmed such concern, demonstrating a high level of psychological distress among students (Weiss, Segal, & Sokol, 1965; Segal, 1966; Ironside, 1966; Refler & Liptzin, 1969; Mechanic & Greenley, 1976; Navrides et al., 1990; O’Malley, Wheeler, Murphey, & O’Connell, 1990; Pledge, Lapan, Heppner, & Roehlke, 1998; Papadioti & Damigos, 2002), including a high incidence of suicide risk as well (Carpender, 1959; Pledge, Lapan, Heppner, & Roehlke, 1998). According to the National College Health Assessment (2003) of 19,497 college students on 33 campuses, it was found that two out of three students “were feeling overwhelmed by all they had to do,” over half “was feeling things were hopeless” at least once during the year and more than one in three reported “feeling so depressed it was difficult to function.” Almost one in ten reported “seriously considering attempting suicide” and over 1% reported “attempting suicide”. NCHA data revealed that 13% of students had been diagnosed with depression, with 35% of those being diagnosed just in the past year and 40% currently taking antidepressant medications.

According to a study carried out by the University of Ioannina Counselling Centre, symptoms of anxiety and depression were evident among a high proportion of students, with girls being more likely to manifest such symptoms (Navrides et al., 1990). This study was replicated about ten years later, indicating an even higher morbidity of distress (Papadioti & Damigos, 2002). Such increasing incidence of students’ mental health problems has been reported by other researchers as well (Stone & Archer, 1990; O’Malley, Wheeler, Murphey, & O’Connell, 1990; Pledge, Lapan, Heppner, & Roehlke, 1998) and was found to be accompanied by an equivalent increase in mental health services use (Austin, Parrott, Korn, & Sax, 1997). According to the records of the University of Ioannina Counselling Centre, those who sought personal counselling increased from 8% to 20% between 1998 and 2004 (Papadioti, Dimou & Damigos, 2006).

In a study conducted at the Johns Hopkins University School of Medicine over a 5-year period to determine why students were seeking help from the Student Mental Health Services, it was found that out of 100 students examined, 61 suffered stress from an intimate relationship, 47 from family troubles and 45 from course work difficulties, whereas only seven students identified class work as the only area of stress (Golinger, 1991). Similar findings have come from the University of Ioannina Counselling Centre (Papadioti et al., 2006). Problems in relationships with friends and family have been the main source of distress for 50% of students seeking counseling, whereas 38% was preoccupied with the psychosomatic manifestations of stress and anxiety. Only 3% of

students who visited SKEPI reported academic difficulties alone as being their main stressor.

Mental health problems can have a profound impact on all aspects of university life, including physical, emotional, cognitive and interpersonal functioning. Brackney and Karabenick (1995) found that high levels of psychological distress among university students were significantly related to academic performance, in terms of reporting higher test anxiety, lower academic self-efficacy, and less effective time management and use of study resources. According to Kessler, Foster, Saunders, and Stang (1995), 5% of college students tended to leave university before completing their studies due to psychiatric disorders.

In spite of the preponderance of data that support the increasing severity of psychopathology and a shift in the use of mental health services in the university campus, Sharkin (1997) argued that such trend may have been based on clinical impressions and recommended the use of standardized instruments to provide direct evidence.

On these grounds, an epidemiological study was designed to assess Greek students' mental health. The present study was a part of this project concerning University of Ioannina students. It aimed to examine whether the incidence of mental health problems has changed over time, what symptoms have been prevalent as well as what has been the role of selected socio-demographic variables.

2. Method

2.1. Sample

431 University of Ioannina students attending 13 different courses at different years of study participated voluntarily at the present study. The sample consisted of 121 males and 310 females aged 19.5 years (± 1.85) and it was representative of the students enrolled to each course and year of study.

2.2. Measures

Demographic information, including gender, age, course and year of study, parents' educational status and occupation as well as family structure, were collected.

For the assessment of psychopathology incidence across student population, the Greek version of the 28-item General Health Questionnaire (GHQ-28) was applied (Garyfallos et al., 1991). The GHQ was designed by Goldberg (1978) to detect psychiatric disorder in the general population or in non-psychiatric clinical settings, such as primary care or general medical out-patients. It assesses the respondent's current state and asks if that differs from his or her usual state on a 4-point Likert scale. It is therefore sensitive to short-term psychiatric disorders but not to long-standing attributes of the respondent. A cut-off point of 3/4 was applied in the present study.

The Greek version of the Centre for Epidemiological Studies - Depression scale (CES-D) was employed to measure depressive symptomatology among students (Madianos et al., 1980). CES-D consists of 20 items designed by Radloff (1977) to assess symptoms associated with depression in the general population. The higher the sum of scores the more the symptoms present. The cut-off point used in the present study was 21.

The severity of students' mental health problems as well as the accompanying distress was assessed by the Greek version of the revised Symptom Checklist-90 (SCL-90-R) (Ntonias, Karastergiou, & Manos, 1991). It was developed by Derogatis (1965) to provide an overview of a subject's symptoms and their intensity at a specific point in time. The test contains 90 items and measures 9 primary symptom dimensions (that is, somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism), providing an index for each dimension as well as 3 global indices (that is, global severity, positive symptom distress and positive symptom total).

All three questionnaires have been widely used by mental health professionals to assess different populations at different settings. They have been adjusted in several languages and shown to possess satisfactory psychometric features in both the original and other versions.

2.3. Procedure

The study was conducted during class hours in the participants' classrooms with the permission and assistance of the person responsible for the class (e.g. lecturers, PhD students, etc.). Students were given a brief description of the study's objectives and they were asked whether they wished to take part. When the needed number of volunteers was reached, students were given the questionnaires together with some explanatory instructions. Researchers were present for almost 30 minutes that the procedure lasted to provide further explanations, if needed.

3. Results

The greater proportion of the students examined were females (71.9%), studying soft sciences (69.4%) and being at the 1st or 2nd year of study (64.4%). Means and standard deviations for all SCL-90-R symptom dimensions and indices of severity and distress are presented on Table 1. The percentage of scores being above cut-off points for both CES-D and GHQ-28 is presented on Table 2.

normality of distribution showed that many variables were not normally distributed. The nonparametric procedure Spearman's rho was then performed to test for significant correlations between mental health indices and selected demographic variables.

Data analysis showed weak but still significant relationships at the levels 1% and 5% (Table 3). Positive correlations were found between gender and SCL-90-R Global Severity Index ($p < .01$), SCL-90-R Positive Symptom Total ($p < .01$), SCL-90-R Positive Symptom Distress Index ($p < .05$), CES-D mean depressive symptoms ($p < .05$) as well as between year of study and SCL-90-R Positive Symptom Total ($p < .01$). Father's education was negatively correlated with SCL-90-R Positive Symptom Total ($p < .05$), the CES-D mean depressive symptoms ($p < .05$) and the GHQ sum of scores ($p < .01$), whereas mother's education was negatively correlated with the CES-D mean depressive symptoms ($p < .05$) and the GHQ sum of scores ($p < .01$) only. Significant positive correlations were found for birth order and SCL-90-R Positive Symptom Total ($p < .05$).

Table 1
Means and Standard Deviations for SCL-90-R Indices (N = 431)

<i>Symptom Checklist</i>	<i>Mean</i>	<i>SD</i>
Global Severity Index	.76	.48
Positive Symptom Distress	1.68	.46
Positive symptom total	38.60	18.25
Somatisation	.64	.56
Obsessive-Compulsive	1.13	.71
Interpersonal Sensitivity	1.11	.74
Depression	.94	.68
Anxiety	.81	.64
Hostility	.82	.72
Phobic Anxiety	.48	.56
Paranoid Ideation	1.08	.76
Psychoticism	.71	.61

Table 2
The Percentage of Scores Above Cut-off Points for CES-D and GHQ-28

	<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
GHQ-28 Below cut-off point (3/4)	238	55.2	62.1	62.1
Above cut-off point (3/4)	145	33.6	37.9	100.0
Total N	383	88.9	100	
CES-D Below cut-off point (<21)	278	64.5	69.8	69.8
Above cut-off point (>21)	120	27.8	30.2	100.0
Total N	398	92.3	100.0	

Table 3
Significant Correlations Among Mental Health Indices and Demographic Variables

	<i>Gender</i>	<i>Year of Study</i>	<i>Father's Education</i>	<i>Mother's Education</i>	<i>Birth Order</i>
Global Severity Index	.213**				
Positive Symptom Total	.229**	.134**	-.103*		.107*
Positive Symptom Distress	.102*				
GHQ-28 Index		.107*	-.167**	-.160**	
CES-D Index	.113*		-.117*	-.123*	

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

4. Discussion

The present findings indicated that 33.6% of the University of Ioannina students were suffering, at the time of assessment, from psychiatric symptoms, which were relevant to depression at least for the 27% of the cases. However, the severity of these symptoms and the accompanying distress were not significantly higher among students than in general population. Female students, those being the first child in the family as well as students whose parent was of a low education level reported significantly more symptoms. Symptoms were also more severe in later years of study.

Apparently an increasing proportion of students were suffering from the presence of minor psychiatric symptoms, as concluded when comparisons to previous findings (Navrides et al., 1990; Papadioti-Athanasίου & Damigos, 2003) were made. Depressive symptoms were prevalent and even higher than expected, when relevant data from the general population were considered (Madianos et al., 1980). Such finding may either represent an actual increase of these symptoms' prevalence among university students or reflect a broader increase in the incidence of depression in the general population. Unfortunately, the absence of recent data concerning the Greek general population did not allow us to drop into conclusions. Yet, the analysis of the total data obtained from all universities in Greece may enlighten this domain.

Not surprisingly, female students tended to appear more 'depressed'. This finding was supported by previous ones in both student (Navrides et al., 1990; Tao et al., 2002; Papadioti-Athanasίου & Damigos, 2003) and the general population (Emslie et al. 2002; Madianos et al., 1980). Such gender-oriented development of depression could be explained in terms of socio-cultural and developmental issues as other researchers also suggested in the past (Tao et al., 2002; Emslie et al., 2002).

It was interesting yet expected (Navrides et al., 1990; Tao et al., 2002; Papadioti-Athanasίου & Damigos, 2003) to find that students whose father had been low educated reported more symptoms of a greater severity. Traditionally, the link between psychopathology and low socioeconomic status, which often indicate a low level of education, has been established. It might have been that a limited source of knowledge and a lack of familiarity with Higher Education issues accompanied with excessive expectations of family place a burden of responsibility to students, resulting in maladaptive ways of dealing with any failure experienced.

In a similar manner, first children in family carry the heavy family load of responsibilities and expectations for achievement. Anything perceived as a failure may disorganise students and lead to depressive functioning. On these grounds, our finding could be explained.

Unexpectedly, the severity of symptoms was found to increase with years of study. It seems possible that first-year students are still too excited about exploring a novel environment. As years pass, students confront with stressors relevant to academic (e.g. postgraduate studies) and career concerns that might have made them more vulnerable to mental health problems.

Evidently, the incidence of mental health problems among University of Ioannina students has rather increased. A variety of social and cultural factors related to rapid

social changes and a gradual loss of values is reflected in several forms of behaviour (e.g. early experimentation with drugs, alcohol and sex) and may have accounted for at least some of this increase. Further analyses of the data obtained in total will show whether such finding is applicable to Greek student population. They may also identify particular risk factors for University Counselling Services to consider.

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INTERNATIONAL STUDENTS' HEALTHY FUNCTIONING AND PSYCHOSOCIAL NEEDS: AN EXPLORATORY EMPIRICAL STUDY

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Abstract

The aim of the current study is to investigate the psychosocial needs of the international students regarding the way the students' counselling centres works. Data was collected by a sample of 54 international students who study at the department of Neo-Hellenic language studies of the University of Athens. In order to select the data of the study, a self-designed demographic questionnaire, the CES-D and the GHQ questionnaire were used. The main results of the study showed that the needs of the international students are related to issues concerning the adaptation to the new country. Besides that, the international students do not appear to have any particular demoralization symptoms.

Keywords: International students; students' needs; psychological health; psychological counselling for international students.

1. Introduction: Mental health – immigration – immigrant students

Twenty years ago any reference to health and disease would bring to our mind doctors, hospitals, nursery personnel and drugs. Nowadays such a reference denotes a broader situational spectrum as physical exercise, healthy diet, and alternative forms of therapies, preventive control etc. Furthermore, the knowledge and information about health and disease are not anymore the preserve of specialized professionals. Today, thanks to Mass Media and Internet, citizens are better informed about health and disease issues.

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According to the World Health Organization (WHO), “*mental health is the state of emotional well being, in which a person can live and work comfortably within the community and can be satisfied by its personal indicia*” (Madianos, 1996, p.31). In contemporary era two basic approaches about health and disease are prevailing: a) the Biomedical Model (or Linear Model) on which is mainly based the contemporary practice of medicine, and b) the Biopsychosocial Model or Holistic Model which consists a new approach to health’s field. The Biopsychosocial Model perceives health and disease as two aspects of a coherent and cohesive system, which complete each other. Health can be defined as a unity in which the physical, mental and emotional aspect of the human being function as a whole and are in balance. At times, several important studies have taken place for the relation between health and stress, the socio-economic level, the living conditions, the cognitive processes as well as various important events in life such as immigration (Papadatou & Anagnostopoulos, 1999; Karadimas, 2005; Carta, Bernal, Hardoy, & Haro-Abad, 2005).

The immigration concerns the permanent or temporary change of the place of residence of an individual or a social group. It consists a worldwide social effect and it can affect the quality of life of the individual (Carta et al., 2005). As causal immigration factors could be referred the political, religious, family, and, mainly economic reasons (Bhugra, 2003).

According to Berry and Kim (1988) and Berry (1997) we can distinguish the immigrant groups depending on their wanted or unwanted relocation within this country as: immigrants, refugees, ethnic groups, locals, and visitors. What define the latter is the temporary relocation and the contact with the country’s cultural framework. Foreign students belong to this category (Blais & Maiga, 1999). Foreign students are forming a particular group of population due to their ongoing developing stage, as well as, due to their particularity as visitors-immigrants.

According to many researchers, students are considered to be the most vulnerable in manifesting psychological problems, specifically; they form a high-risk group in manifesting mental disorders (Navridis, Dragona, Maliarini, & Damigos, 1990). Nevertheless, there are also other opinions supporting that the mental disorders appear with the same rate within student groups as well as within the general population of the same age (Clara 1999). In any case, it is a fact that students are in-between puberty and adolescence, and they are dealing with a series of challenges which they try to overcome by putting counter pointing goals. These very goals are: a) the acquisition of an identity, b) the creation and preservation of mature interpersonal relationships, c) the establishment of professional expectations, and d) the autonomy achievement (Malikiossi-Loizou, 1989). Regarding their professional pursuits, students are asked to confront a competitive environment consisting of limited employment opportunities which bear them with insecurity, a feeling of uncertainty, a fear of failure, stress and mental pressure (Rott, 2002). Concerning autonomy achievement, students are confronting several predicaments as they are diversifying themselves from people of the same age group who are not attending a university institution, because students’ economic and emotional detachment from their families is delayed (Clara, 1998). Meanings like the one of the secure bond combined with the appropriate levels of

detachment-individualization have being related with students' best adjustment into new situations as well as, the achievement of a certain identity (Vivona, 2000; Mattahan, Hancock, & Brand, 2004; Colnon, 2006).

Far beyond the already mentioned developmental criticisms, foreign students are dealing with the challenges of relocation to another country. The immigration is placing them into an acculturation process. The acculturation concerns the process of cultural change as a result of the continuous contact between two cultural groups (Van der Stuyft, De Muynck, Schillermans, & Timmerman, 1989). This change presupposes an effort of adjustment and assimilation of the individual or group. This psychological adjustment process is not necessarily a good or bad experience. Several intra-personal and extra-personal factors define the quality of this experience (Bhugra, 2003).

The acculturation may lead to the so-called "acculturative stress". The meaning of acculturative stress refers to the individual or group's psychological and biological reaction regarding stressful events and situations, which are related with the process of the acculturation. According to Berry (1997), if the new cultural framework as well as the new situation would be considered as a challenge, is dealt with willingness, zest, and creativity, and leads the individual into a smooth adjustment. Nevertheless, if the situation is estimated as a threatening one, it causes anxiety and several psychological and psycho-pathological reactions (Van der Stuyft, 1989).

Regarding the young adults, as students are, the adjustment is far more difficult because there is an increased danger of psychological disorders and also because they tend more to a cultural confusion due to their young age (Bhugra, 2003). In accordance to that, many researchers underline that foreign students have difficulties in issues of adjustment and assimilation of the new cultural framework, by expressing mainly depression symptoms (Tenezou, 2000).

An effort is taking place on European level for the development of counselling services within academic community. FEDORA (European organization for the orientation in higher education) represents a European organization, which works for the support and amelioration of services provided to higher education students. FEDORA is formed by branches / workgroups, each one of them dealing with more specific issues (Bell, McDevitt, Rott, & Valerio, 1994). PSY.C.H.E., one of the workgroups, is an experts' network regarding psychological counselling throughout European Union targeting at the cooperation of students' Counselling centres in a European level (Kalantzi-Azizi, 1997). The primary goal of PSYCHE is the development of new perspectives into the university-counselling field. Its basic principle is the holistic consideration of the student as an independent individual.

Within PSYCHE framework the particularities of the foreign student, the need to go in depth and specialized education on this issue have been underlined (Kalantzi-Azizi, 1997). In Greece, the operation of the Student's Counselling Centres in the framework of the university in Greece, does not discriminate between needs of locals and needs of foreigners, while in the same time provides free access to everybody. Similar actions are monitored in many universities throughout Europe. In most of the countries, Counselling Centres are operating in universities, having as a goal to provide help in

education, and professional orientation and other socio-psychological problems (Kalantzi-Azizi, 1998).

This research aims at the detection of socio-psychological needs of foreign students having as an ultimate goal the establishment of particular functions within the framework of the already existed Students Psychological Counselling Laboratory of the University of Athens.

The present study examines the basic issues international students encounter, as well as the basic epidemiological indices of their mental health. According to the theoretical framework and the main purposes of this research, the following research questions are examined:

1. What are the basic matters that concern international students?
2. What is the standard level of their mental health?
3. Are they willing to ask for an expert's guidance at the counselling centre?
4. According to their opinion, what sort of services the counselling centre should provide?
5. Which are their recommendations and suggestions?

2. Method

The research sample consists of 54 international students, 11 (20,4%) men and 43 (79,6%) women, aged from 17 to 40 ($M=25,6$ $s=5,7$)². The stratified random sample, drawn from advanced users of the Greek language, was selected so that the participants would be able to comprehend the content of the questionnaire. The administration of the questionnaires took place in-group, at the department of Neo-Hellenic studies of the University of Athens³. Therefore, it is reported that no students of Erasmus program were included. In order to administrate the questionnaires, lesson time was given with the permission of their Greek language teachers. In this way it was insured that the test conditions for all participants were the same.

The research tools that have been used, where:

1. Demographic information
2. A questionnaire regarding the psychosocial needs of the students (Kalantzi-Azizi, 1992)
3. The Center for Epidemiological Studies Depression Scale-C.E.S.-D. (Radloff, 1977), as adjusted and weighed to Greek population by Madianos, Vaidakis, Tomaras and Hortarea (1983).

2. According to official data 343 foreigner students studied in various faculties of the University of Athens (Kordelas, 2004).

3. Foreigner students are accepted from the Greek University under the condition that candidates can certify the knowledge of the Greek language. The department of Neo-Hellenic language of the University of Athens is authorized to give this certification. Each year roughly 1.700 individuals register; while in the examinations take part around in the 1.000 candidates.

4. The General Health Questionnaire-G.H.Q.-28 (Goldberg & Hillier, 1977), as adjusted and weighed in Greek population by Moutzoukis, Adamopoulou, Garyfallos and Karastergiou (1990).

The demographic questionnaire consists of items regarding age, sex, year of study, university department, ethnicity, birth country, country of origin, the years in Greece, their parent's education, their parent's country of residence, their financial and occupational status.

The needs questionnaire (Kalantzi-Azizi, 1992) includes open-ended questions. It aims to collect data regarding: a) matters that generally concern the international student him/herself, or other students, b) their intention to seek for an expert's guidance, c) the way that this contact should take place, d) the services that the counselling centre should provide and e) their suggestions and recommendations about the enhancement of the services that specifically direct to the international student.

The C.E.S.-D scale detects depressive symptoms and social related feelings of demoralization that describe different functioning levels among the normality spectrum. They should be regarded as signs of psychopathology, but not as constituting a clinical entity.

The G.H.Q.-28 selected in order to detect the slightest forms of psychopathology. In particular, it detects the presence of discomfort or annoyance and the possibility that this feeling will interfere with the person's everyday healthy functioning. It includes 28 items which form 5 scales: a) physical symptoms, b) stress and insomnia, c) social dysfunction, d) serious depression and e) an estimation of mental health, in general. In accordance with the C.E.S.-D, the G.H.Q.-28 detects circumstantial features of disappointment-discouragement and demoralization; not fixed clinical entities. Nevertheless, the early detection of those features is of great importance, as they could lead to the expression of psychopathology (Madianos, 1996).

3. Results

3.1. Socio - Demographic Characteristics

Most of the international students of the sample originated from the countries of Eastern Europe (Poland, Belarus, Russia) (48%), from Balkan countries (Albania, Bulgaria, Serbia) (20%) and from the Countries of Middle East (Armenia, Kurdistan) (14,8%). The age range was broad (17-40, $M=25,6$, $SD=5,7$). Half of the subjects (56%) had lived in Greece for one year by the time of the research. As regards the place of residence, 40% of the sample lived on their own; while a 34% shared their apartment with a roommate and very few of them lived in the Student Dormitory (8%). As for the financial resources, 43% had gained a scholarship, 14% were exclusively financially supported by their family, 19% were partially supported by their family and 23% supported themselves financially on their own. About the average family of our sample most of the parents had higher (46,3%) or secondary education (50%). As for the country of living, as it was expected, most of the parents did not live in Greece (62,3%). The socio - demographic characteristics of our sample are shown in Table 1.

Table 1
Socio-demographic Characteristics of the Participants

	f	%
N	54	100
Gender		
Male	11	20,4
Female	43	79,6
Total	54	100
Age: 17-40 (M=25,6 , S=5,7)		
Origin		
Balkan Countries	11	20,4
Eastern Europe	26	48,1
Asia	2	3,7
Mediterranean	3	5,6
Middle East	8	14,8
Other	4	7,4
Total	54	100
Years In Greece		
1 Year	30	55,6
>1 Year	24	44,4
Total	54	100
Place Of Residence		
Student Dormitory	4	8
With Parents	9	18
Alone	20	40
With Roommate	17	34
Total	50	100
Financial Resources		
Scholarship	22	43,2
Exclusive Financial Support By Parents	7	13,7
Partial Financial Support By Parents	10	19,6
Financially Supported By Their Own	12	23,5
Total	51	100
Family Lives In		
Greece	20	37,7
Abroad	33	62,3
Totall	53	100
Parent's Education		
Primary	2	3,7
Secondary	28	50
Higher	24	46,3
Total	54	100

3.2. Issues That Generally Concern The International Students

The matters that generally concern the international students are shown in table 2. This question was answered by 27 out of 54 students (50% of the total sample). On average each student gave 2,2 answers. A content analysis of the answers that each student gave was conducted and the answers organized to certain categories. Category *Psychological Matters: Concerns Regarding the Adaptation to the new country* (33.9%) gathered the higher rate followed by the category *Psychological Matters: Psychological Problems/Relationships Problems* (24,5%), *Economical/Working Concerns* (14,8%) and *Problems regarding the social-political system in Greece* (15,1%). Finally the lowest rates obtained the category *Problems regarding organizational matters of the Greek University* (7,5%) and the category *Problems regarding the studying* (3,7%).

3.3. Problems That International Students Personally Faced

The majority of the subjects mentioned that they have not faced any problem. Thirty-eight students (70,4% of the total sample) answered in this question. Ten of them (26% of those who answered) answered that they have faced personally some of the problems that they mention in the previous answer, while 28 (74% of those who answered) stated that they have not. The 10 students that stated that they have faced some problems gave 21 answers. On average each student gave 1,7 answers. A content analysis conducted for the answers about the problems the international students personally faced. Category *Psychological Matters: Concerns Regarding the Adaptation to the new country* (33,3%) obtained again the higher rate, followed this time by the category *Problems regarding the social-political system in Greece* (23,8%). Then with order of priority came the *Psychological Matters: Psychological Problems* (14,3%), *Economical/Working Concerns* (14,3%), *Problems regarding organizational matters of the Greek University* (9,5%) and the category *Problems regarding the studying* (4,8%).

3.4. Willingness To Discuss Their Problems/ Concerns With A Special Advisor Of The University Counselling Centre

48 students of our sample answered this question. Almost half of them (25 subjects - 52% of the total sample) stated that they would like to discuss their concerns with a special advisor. On the other hand, 23 students (48%) stated that they were not interested in using a counselling service. The students were also asked to give a reason for their answers.

As regards the subjects that gave negative answer, most of them (11) stated that they did not think that their problems were so worrying that required psychological help, while few of them (2) stated that their problems were not psychological so they did not require some kind of psychological intervention. On the other hand, the subjects that gave positive answer were also asked which form their contact with the special advisor would like to have. There were 4 options in the questionnaire. The 25 subjects that applied positively gave 36 answers: 7 (20%) preferred to contact via the internet, 2 (5,7%) telephone communication, 18 (51%) personal appointment and 8 (22,3%) work in team (see Table 4).

There was also a question asking the subjects if they knew some fellow-student that would like to discuss their problems/concerns with a special advisor of the university-

counselling centre. In this question most of the subjects (78%, 32 subjects) answered positive. They gave 45 answers: 7 (15,5%) preferred to contact via the internet, 5 (11,1%) preferred telephone communication, 19 (42,2%) personal appointment and 14 (31,1%) work in team (see Table 2).

Table 2
Willingness to Discuss Their Problems/ Concerns with a Counsellor of the University
Counselling Centre - Previous Contact with Services of Mental Health

	f	%
Willingness to discuss their problems/concerns with a special advisor of the university counselling centre		
Yes	25	52,1
No	23	47,9
Total	48	100
Which form would their contact with the special advisor like to have		
Internet	7	20
Telephone call	2	5,7
Personal appointment	18	51
Work in a team	8	22,3
Total	35	100
Willingness of their fellow-students to discuss their problems/concerns with a special advisor of the university counselling centre		
Yes	32	78
No	9	22
Total	41	100
Which form would their fellow-students their contact with the special advisor like to have		
Internet	7	15,5
Telephone call	5	11,1
Personal appointment	19	42,2
Work in a team	14	31,1
Total	45	100
Previous contact with services of mental health		
Yes	46	86,8
No	7	13,2
Total	53	100

3.5. Previous Contact With Services Of Mental Health

The students were asked about having any kind of previous contact with mental health services. Most of the students of the sample (46 students - 87%) mentioned that they have never contacted any advisory or mental health institution. There were only 7 subjects (13,2%) that stated that they had, and most of them (5) had asked help from an individual. Also the vast majority of the students of the sample (50 students - 95%) were not aware of the existence of the University Counselling Centre.

3.6. Activities That A Special Service For Psychological Counselling For International Students Should Incorporate

Thirteen subjects answered this question and they gave 22 answers (on average each student gave 2,3 answers). A content analysis was performed, which gave 3 categories (in order of priority): *General Activities aiming to facilitate the international students* (11 answers - 50%), *Psychological activities* (6 answers - 27,3%) and *Educational activities* (5 answers - 22,6%).

3.7. International Students' Mental Health

All the structured questionnaires that were used were found to be sufficiently reliable in all factors. Cronbach a of the CES-D and GHQ in these students was above 0,60 for all the factors of the questionnaires. As for the means of our sample, the international students did not appear to have any particular sign of psychopathology (see Table 3).

Table 3
Index Reliability, Means and Standard Deviations of the CES-D Questionnaire and the GHQ-28 Questionnaire

Factors	N items	Cronbach a	M	S
CES-D	20	0.88	0.91	0.49
GHQ				
Physical symptoms	7	0.62	0.92	0.76
Stress and insomnia	7	0.84	0.86	0.67
Social dysfunction	7	0.69	0.96	0.45
Serious depression	7	0.90	0.35	0.54

3.8. Educational Level Of The Parents

Generally, no relation was observed between the demographic factors and the mental health of the international students. Exception to that was the educational level of the parents. A univariate analysis of variance (one way anova) using the educational level of the parents as an independent variable and the factors of the CES-D and the GHQ questionnaire as dependent variables was carried out.

Table 4
Means of the CES-D Questionnaire and the GHQ Factors as for the Independent Factor Parent's Educational Level

	Educational level of the father				Educational level of the mother			
	Primary	Secondary	Higher	F score (df=2, 190)	Primary	Secondary	Higher	F score (df=2, 190)
	M	M	M		M	M	M	
CES-D	1,6 α	0,8 β	0,9 β	3,07*	1,7 α	0,9 β	0,8 β	3,46*
GHQ-28								
Physical symptoms	1,8	0,8	0,9	1,43	1,3	0,9	0,9	0,24
Stress - insomnia	1,8 α	0,6 β	1 β	6,12**	1,4	0,8	0,8	0,88
Social dysfunction	1,1	1	0,9	0,27	1,1	1	0,9	0,41
Serious depression	0,7	0,2	0,3	1,56	0,7	0,3	0,2	1,45

* $p < 0,05$. ** $p < 0,01$. *** $p < 0,001$. Means that are shared common indicator do not differ considerably between them according to post hoc Scheffé test for $p < 0,05$.

It seems that students whose father has lower level education face more psychological problems such as stress, insomnia and depression feelings ($M=1,8$), in comparison to the students whose father has a secondary ($M=0,6$) or a higher education ($M=1$): $F(2, 49)=6.12$, $p < 0,05$). Similar were the results for the CES-D questionnaire: students whose father has lower level education face more depression feelings and feelings of discouragement ($M=1,6$), in comparison with the students whose father has a secondary ($M=0,8$) or a higher education ($M=0,9$): $F(2, 49)=3.07$, $p < 0.001$. (see Table 4). As for the educational level of the mother the results were again similar in CES-D questionnaire: students whose mother has lower level education face more depression feelings and feelings of discouragement ($M=1,7$), in comparison with the students whose mother has a secondary ($M=0,9$) or a higher education ($M=0,8$): $F(2, 49)=3.46$, $p < 0.05$ (see Table 4).

Nevertheless, these findings should not be considered as reliable because of the size of the sample. Only 3 students had parents with very low educational level

3.9. Personal Problems Of The International Students Now Or In The Past

We carried out a univariate analysis of variance (one way anova) using the question "have you ever been facing or are you facing now any of the problems mentioned in the previous question?" as an independent variable and the factors of the CES-D and the GHQ-28 questionnaire as dependent variables. Students that stated that they have faced some problems report more physical symptoms, as pains in the head, irritation, exhaustion and bad mood ($M=1,6$) (factor of physical symptoms of the GHQ-28) in comparison to the students that do not declare that they have faced some problem

($M=0,8$): $F(1, 35) = 8.58, p<0.01$. Also they stated decreased activity, lack of satisfaction from their daily activities, disability in decision-making ($M=0,8$) (factor of social dysfunction of GHQ-28) in comparison to the students that did not face any problem ($M=1,2$): $F(1, 35) = 4.22, p<0.05$. Therefore we can suppose that the students that reported certain psychological problems, as problems of adaptation or depression and stress exhibit the symptoms that were reported above.

Table 5
Means of the CES-D Questionnaire and the GHQ-28 Factors as for the Independent Factor Personal Problems of the International Students Now or in the Past

	“Have you ever been facing or are you facing now any of the problems mentioned in the previous question?”		F - score (df=1, 35)
	YES	NO	
	M	M	
CES-D	1	0,8	1,36
GHQ-28			
Physical symptoms	1,6	0,8	8,58
Stress - insomnia	1	0,8	0,99
Social dysfunction	1,2	0,8	4,22
Serious depression	0,3	0,3	0,08

* $p<0,05$. ** $p<0,01$. *** $p<0,001$. Means that are shared common indicator do not differ considerably between them according to post hoc Scheffé test for $p<0,05$.

4. Discussion and Conclusions

Regarding the demographic data, the findings confirm that young people who come from families with high educational background are more likely to enter the university (Christopoulou, 1997; Efthimiou, 2000; Efthimiou, Efsthathiou, & Kalantzi-Azizi, 2001). The vast majority of international students have parents of mediocre or high educational level.

Regarding the accommodation of students, our findings showed that the majority of international students of our sample either lived alone or with a roommate. It is worth noting that there is an observed difference concerning the area of accommodation between the Greek and international students. Greek students tend to stay with their parents when the parents live in the city where they study but leave the house in which they grew up only when they study in a different city (Navridis et al., 1990; Christopoulou, 1997; Efthimiou, 2000; Efthimiou, Efsthathiou, & Kalantzi-Azizi, 2001). On the contrary, in other countries of Europe it is more usual for the students to leave their parental homes with their entrance in the university – even though this phenomenon is changing (Bell et al., 1994).

Regarding the financial situation of international students, most of the students of our sample had a scholarship. Students who depended totally on individual resources followed, and finally came the students who were exclusively supported by their parents. These data completely contrast the Greek data where the majority of students are exclusively supported by their parents (Efthimiou, 2000; Efthimiou, Efstathiou, & Kalantzi-Azizi, 2001; Christopoulou, 1997; Navridis et al 1990). It is also worth noticing that concerning the case of Greek students who work, this fact is regarded as a means of search for independence through personal resources, while for the international students it is likely that work is a necessity.

The data collected seem to answer adequately the research questions. Regarding the issues of needs and difficulties faced by international students in Greece the following were found:

The largest percentage of students reported that international students in Greece mainly face problems related to their adjustment in the foreign country, such as feelings of nostalgia for the country of origin and communication problems with the natives. Afterwards they referred to psychological problems, like depression and stress. However, only 26% of them answered that they had personally faced any of these problems. Between those, it is worth noting that most of them faced adjustment problems but there were also many that reported problems related to bureaucratic matters, such as difficulty in issuing a green card in Greece and difficulties with the official recognition of their degrees.

These findings differ with similar researches in Greek student population. The issues of concern of Greek students regarded firstly occupational matters, secondly relationship problems and psychological problems and finally issues around their university studies. The vast majority of them (70%) reported that they had personally experienced one of these issues (Efthimiou, 2000; Efthimiou, Efstathiou, & Kalantzi-Azizi, 2001).

The observed differences are obvious. It is logical for the international students (especially for the international students of our sample, the majority of whom were in the first year of stay in Greece) to experience adjustment problems because of the change of country of residence. This is also concluded in other researches. More specifically, Randal, Naka Yamamoto, Nakamut, Arakaki & Agurio in their study in 1998 in Japan, found that international students mainly faced problems with adjustment in the foreign country.

On the basis of the findings of the present study, no secure interpretation can be suggested regarding the difference between Greek and international students and their personal experience of a problem (70% of the Greek students responded positively compared to 26% of international students who gave a positive response in this question). One possible assumption could be that the measured difference might not be a true reflection of the reality, but instead, an expression of the fear of exposure (hesitation of disclosure of their problems).

The hypothesis is also consistent with the finding that although a small percentage of the sample reported that they faced some kind of problem, the largest percentage (52%) reported that they wished to discuss a matter that troubled them with an expert of the international student counselling service. The percentage of students, who replied

that one of their colleagues would like to work with an expert, was even higher (78%). The majority of students would prefer to work with an expert in the form of a one-to-one session, while group sessions followed in choice of preference.

It was also found that the largest percentage (87%) of the participants never had referred to any mental health service, while the small percentage of those who had referred to a mental health service had chosen a private practice. This might be reflecting the inadequacy of the public health sector in Greece regarding mental health, but we must be cautious when making this hypothesis. With regard to the question of whether they were aware of the Student Counselling Service, the vast majority stated that they were not aware of it.

As far as the perceived activities of an international students counselling service should have, many of the suggestions of the sample might not be directly related to the activities of a psychotherapeutic counselling service. The suggestions regarded the event planning aiming at the contact among international students as well as other students (e.g. parties, trips), financial support, guidance and assistance in finding jobs and other bureaucratic - legislative issues, volunteer activities in research practice. We are not aware of whether this is indicative of the misinterpretation of the role of a counselling service where psychological counselling is provided. However, the suggestions of the international students reflect upon the problems that worry them the most i.e. adjustment problems and problems with bureaucracy.

Concerning the suggestions and thoughts with regard to the functioning of psychological service counselling for students, only 8 answers were given, which might suggest ignorance regarding the presence of such services well as, as we will also note later, issue of language emerges, that might be posing difficulties to international students to express their thoughts on paper.

The suggestion made by one student that it could be useful to have international psychologists and counsellors working in such services, is of great importance as it suggests that this might lead to better understanding of the problems of international students as well as help the students express themselves freely.

Regarding the mental health of international students in general, it was not apparent from our sample that they were dealing with a specific mental health problem. No apparent relationship between the demographic data and mental health was found.

Findings from other studies in local student population are ambivalent. In studies where the GHQ questionnaire was used, the findings showed that only 21% of students were faced with some kind of problem (Warbah, Sathiyaseelan, VijayaKumar, Vijayantharaj, Rusell, & Jacob, 2006). On the other hand, findings from other similar research using the GHQ on local students showed that they were faced with the most problems during the first year of their study (Aktekin, Karaman, Senol, Erdem, Erengin, & Akaydin, 2001) while other findings revealed that the majority of problems were emotional and related to relationships with their families and professors (Mohd, Rampal, & Kaneson, 2003). In a recent research with international students in Japan, 60% of the students composed, according to the GHQ, a high - risk group for the development of mental health disorders as a result of a change of the place of residence (Randall et al., 1998).

Finally, our findings that result from responses to the question of whether they have personally faced or are facing problems are supported or rather supplemented by the mental health scales. In the specific question, only 26% of the students replied that they have faced or are facing some problem; it was noted that this percentage of students reported more physical symptoms such as headaches, rushes, hot flashes, exhaustion, bad mood, in comparison to the percentage of the students that have not faced any problem. Furthermore, they showed decreased level of activity, lack of satisfaction from everyday activities and inadequacy in decision-making. One could assume that the students who reported psychological issues such as adjustment problems or depression and stress show the exact symptoms mentioned above.

4.1. Limitations

Some limitations of the present study need to be reported. Firstly, the sample size does not allow for the safe generalisation of conclusions. One of the great difficulties lied in finding the participants who had already started the major course of their studies. Our sample was selected from the tutorial of New Greek language where international students were in the stage of learning the Greek language so that they could later be admitted to the school of their preference. This was another source of limitation, since many of the participants faced a problem in understanding the questions in the questionnaire and had further difficulty in expressing their thoughts. As a result of this, the researchers had to intervene in several occasions during the process of administration of the questionnaire in order to improve the participants' understanding of the questions. Finally, we must note that several participants expressed their discomfort due to the fact that they were frequently asked to complete questionnaires.

4.2. Suggestions

In order to create a more accurate picture of the needs of international students, the research should be expanded to a larger sample size, as well as to a sample selected from areas excluding the tutorial of New Greek language. Furthermore, with regard to the methodology, it would be useful to translate the scales to the English language, which is considered to be the international language (this suggestion is made because there was such a request on the part of the participants during the process of administration) or use of interviews. Such an improvement would increase the validity of the data, as it would eliminate the misinterpretation of the questions from the part of the participants. Although our sample does not report any kind of psychological problems, at the same time they reported interest in some kind of support. It would therefore be useful for the Counselling Centre for Students of the University of Athens (CCS) to organize some kind of supportive activity for the international students on matters of adjustment and communication. The commencement of a collaboration of the CCS with the tutors of the department of Neo-Hellenic language could also help towards that direction. The present research increased knowledge around the presence of the students counselling service to international students (leaflets were distributed in the classes of the tutorials of the new Greek language). This could be the first step towards the beginning of this collaboration. Finally, as Perez (1999) supports it would be extremely

useful for the CCS to recruit psychologists and other staff trained in matters that concern international students and multicultural counselling.

On the same grounds, Van Duuren, Boekhorst and Dues (2002) suggested that the formation of a psychotherapeutic team for international students would be a part of their successful adjustment in the new environment, the development of their social skills and their independence. Lago and Shipton (1994) talk about peer support groups, which are comprised by local students who have been trained in multicultural counselling and who offer volunteer «touring» in their country to the international students on both academic as well as social level. Finally, specialized services such as the Career Services Office could contribute in matters of career guidance for international students.

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SELF-ESTEEM AND ACADEMIC ACHIEVEMENT IN GREEK UNIVERSITY STUDENTS

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Abstract

The present study aims at exploring the relationship between self-esteem and the academic achievement of 205 students of the University of Piraeus. The Rosenberg's Self-Esteem Scale was used to assess the students' general level of self-esteem, while a brief questionnaire was developed to assess students' academic achievement throughout the recent past years. The statistical analysis of the results indicates a strong association between self-esteem and academic achievement, especially regarding students' participation and success in exams, lecture attendance, grade point average and estimated academic performance. Students with high self-esteem tend to attend lectures almost every day, participate in exams at least in seven courses, and have until now grade point average seven or more. They, also, seem to perceive their academic performance in a better way. The aim of the Counselling Center is to help students learn about self-esteem and improve their self-image in order to facilitate the improvement of their academic achievement.

Keywords: Self-esteem; academic achievement; university students; counselling.

1. Introduction

Self-esteem is a positive or negative orientation toward oneself; an overall evaluation of one's worth or value. According to Rosenberg, self-esteem is derived from two sources: how a person views his/her performance in areas in which success is important to him/her and how a person believes he/she is perceived by significant others, such as parents, teachers or peers (Orenstein, 1994). People are motivated to have high self-esteem, and having it indicates positive self-regard, not egotism (Rosenberg, 1965).

Everyone's self-esteem is influenced by many factors. Parents, teachers, co-workers, friends, fellow classmates, and the environment are constantly influencing self-esteem (Osborne, 1997). The key to self-esteem is, on one hand, the amount of discrepancy between what a person desires and what that person believes he/she has achieved, and

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on the other, the overall sense of support that person feels from the surrounding environment (Rosenberg, 1965).

Much of Rosenberg's work examined how social structural positions like racial or ethnic statuses and institutional contexts like schools or families relate to self-esteem. Here, patterned social forces provide a characteristic set of experiences, which are actively interpreted by individuals as the self-concept is shaped. At least four key theoretical principles - reflected appraisals, social comparisons, self-attributions, and psychological centrality - underlie the process of self-concept formation (Rosenberg, 1986).

The association between student's self-esteem and academic achievement has received considerable research attention during the past two decades (Byrne, 1984). Studies of the influence of self-esteem on academic achievement have shown conflicting results. On the one hand, cross-sectional studies have tended to show that self-esteem is related to academic performance (Hansford & Hattie, 1982; Wylie, 1979). On the other hand, longitudinal studies have yielded quite different conclusions. Instead of positive self-esteem leading to better academic performance, some studies suggest the opposite that is, good academic performance lead to elevated self-esteem (Alves-Martins, Peixoto, Gouveia-Pereira, Amaral, & Pedro, 2002; Baumeister, Campbell, Krueger, & Vohs, 2003; Ross & Broh, 2000; Schmidt & Padilla, 2003).

Having one's academic achievement meet one's academic expectations and desires is a major key to most college students' self-esteem. Having a high self-esteem has many positive effects and benefits, especially among college students. Students who feel positive about themselves have fewer sleepless nights, succumb less easily to pressures of conformity by peers, are less likely to use drugs and alcohol, are more persistent at difficult tasks, are happier and more sociable, and most pertinent to this study is that they tend to perform better academically. On the other hand, college students with low self-esteem tend to be unhappy, less sociable, more likely to use drugs and alcohol, and are more vulnerable to depression, which are all correlated with lower academic achievement (Wiggins, Schatz, & West, 1994). Academic achievement is influenced by perceived competence, locus of control, autonomy, and motivation (Wiest, Wong, & Kreil, 1998).

Thombs (1995) found that first-year college students with relatively low self-esteem were more likely to exhibit many problematic behaviours, than those with higher self-esteem. Some examples included alcohol problems, poor time management, poor study habits, and self-defeating behaviour, than those with higher self-esteem. In previous psychological studies, self-esteem has been linked to personal adjustment, physical health, and academic motivation and success among college students, through forms of social support. Based on the cognitive adaptation theory, Brown and Taylor (1988) found level of self-esteem to be directly related to seeking social support and indirectly to actual support, physical health and adjustment to college. Self-esteem was also found to be the best of five predictors of academic motivation, which was linked them to grade point average two years later.

For many college students their self-esteem is based on or enforced by their academic success or achievements. Brand and Dodd (1998) conducted a research relating self-esteem and academic achievement. They extended the work of Loeb and Magee (1992)

by relating self-esteem, Greek affiliation and year in college. Brand and Dodd (1998) hypothesized that Greek men would have higher grade point averages than non-Greek men. It was also hypothesized that self-esteem scores would be progressively higher from the first year to the senior year. Using the Rosenberg's 10-item Self-Esteem Scale and eight demographic items, Brand and Dodd (1998) found that Greek men did have higher levels of self-esteem than non-Greek men. In contrast, the students' year in college and their self-esteem did not support their hypothesis.

Based on the aforementioned background, the present study deals with the relationship between the Greek university students' self-esteem and their academic achievement. The main purpose of this study is to examine if the university students' self-esteem has more of an effect on their academic achievement. The examination of the above mentioned relationship was expected to make suggestions about methods of intervention for dealing with problems such as low self-esteem and poor achievement in the academic context.

2. Method

2.1. Participants

The sample consisted of 205 undergraduate students with mean age 20.03 (SD ± 1.33) enrolled in various Schools and Departments of the University of Piraeus. In particular, 93 (45.4%) male and 112 (54.6%) female university students participated in the present study in order to fill in self-report questionnaires on a voluntary and anonymous basis during class time. The vast majority of the students were born in Athens (69.8%), but came from the provinces (61.0%). As far as parents' occupation is concerned, the majority of them are businessmen (34.1%), while the majority of their mothers are housewives (41.5%) (Table 1).

2.2. Measures

The primary materials used were:

- a) The Rosenberg Self-esteem Scale (Rosenberg, 1965) which is perhaps the most widely used self-esteem inventory in social science research. It consists of 10 items that are usually scored on a four point scale ranging from 'strongly agree' to 'strongly disagree'. Participants rate the extent to which they agree with each statement on a four-point Likert scale (0="strongly agree", 4="strongly disagree"). Half of the items are positively scored and half are negatively scored. Total scores are obtained by summing all responses and range from 0 to 30, with high scores indicating high self-esteem. The scale is designed to measure global self-esteem. The scale generally has high reliability: test-retest correlations are typically in the range of 0.82 to 0.88, and Cronbach's alpha for various samples are in the range of 0.77 to 0.88 (Rosenberg, 1986).
- b) A brief questionnaire, which was developed to detect the academic achievement of the students. The questionnaire consisted of eight closed questions that assessed specific parameters of academic achievement, such as students' lecture attendance,

Table 3
Sociodemographic Characteristics of the Participants

	Minimum	Maximum	Mean	SD	Gender	N	%
Age	18	25	20.03	1.33	Men	93	45.4
					Women	112	54.6
Birthplace		N	%	Nativity		N	%
Athens		143	69.8	Athens		66	32.2
Provinces		47	22.9	Provinces		125	61.0
Abroad		15	7.3	Abroad		14	6.8
Father's occupation		N	%	Mother's occupation		N	%
Civil servant		55	26.8	Civil servant		51	24.9
Private servant		52	25.4	Private servant		25	12.2
Businessman		70	34.1	Businesswoman		31	15.1
Pensioner		20	9.8	Pensioner		8	3.9
Farmer		4	2.0	Housewife		85	41.5
Missing data		4	2.0	Missing data		5	2.4

participation in exams, success in exams, essays writing (in a voluntary basis), grade point average, estimated academic performance, and expected time of graduation. The vast majority of literature research has measured academic achievement by grade point average (Bhagat & Chassie, 1978; Conard, 2006; Crook, Healy, & O' Shea, 1984; Kobal & Musek, 2001; Leondari, Syngollitou, & Kiosseoglou, 1998; Osborne, 1997), grades in particular courses (Conard, 2006; Kobal & Musek, 2001; Midgett, Ryan, Adams, & Corville-Smith, 2002), and lecture attendance (Conard, 2006).

- c) A brief questionnaire assessing demographics, such as gender, age, birthplace, nativity, and parents' educational background and occupation.

2.3. Data Analysis

The study was carried out during the fall semester of 2006. All analyses were carried out using the SPSS statistical package version 13.0. Pearson's correlation was used in order to examine the impact of self-esteem on students' academic achievement. Also, chi-square (χ^2) was used for assessing the frequencies of specific parameters of academic achievement according to the level of self-esteem.

3. Results

Regarding the general level of the participants' self-esteem, the mean score was 21.32 (SD=4.42). The results showed the existence of a meaningful percentage (62.4%) of the students with high self-esteem, a 34.7% of the students with moderate self-esteem, and only a 2.9% of the students with low self-esteem.

Table 2
Frequencies of the Participants Regarding Specific Domains of Academic Achievement

Academic achievement					
	N	%		N	%
<i>Lecture attendance</i>			<i>Grade point average</i>		
Every day	125	61.0	≤6	53	25.8
2-3 times/week	73	35.6	7	109	53.2
1 time/week	5	2.4	8	36	17.6
2 times/month	2	1.0	9	7	3.4
<i>Participation in exams</i>			<i>Academic performance</i>		
Seven courses	179	87.3	Well	65	31.7
Five courses	25	12.2	Well enough	54	26.3
Two-three courses	1	0.5	Satisfactory	74	36.1
			Very satisfactory	12	5.9
<i>Success in exams</i>			<i>Expected time of graduation</i>		
Seven courses	76	37.1	Yes	109	53.2
Five courses	115	56.1	No	96	46.8
Two-three courses	14	6.8			
<i>Voluntary essays writing</i>			<i>Additional semesters</i>		
Yes	184	89.8	0	102	49.8
No	21	10.2	1	33	16.1
			2	59	28.8
			≥3	11	5.4

The statistical analysis of the data revealed that the majority of the students attended lectures every day (61.0%), while a smaller percentage (35.6%) were coming to the university two-three times per week. Regarding the participation in exams, students reported that they take examinations in seven courses at least (87.3%), but the majority did succeed in five courses (56.1%), and a smaller percentage accomplished in seven courses (37.1%). An 89.8% of the students stated that they used to write essays in a voluntary basis. Additionally, the majority of the students reported that they had grade point average seven (53.2%), a smaller percentage (25.8%) stated grade point average a six or less, a 17.6% of the students regarded that they had an eight, and only a 3.4% reported a nine. As far as the estimated academic performance is concerned, the bigger percentages are marked at two levels, namely satisfactory (36.1%) and well (31.7%), while smaller percentages are marked at the rest levels. Also, a 53.2% of the students reported that they expected themselves to graduate in eight semesters, while a 46.8% regarded that they were going to need more semesters, namely one (16.1%), two (28.8%) or more than three (5.4%) (Table 2).

Table 3
Correlation Analyses Between Self-esteem and Academic Achievement

Self-esteem	Academic achievement	Pearson's Correlation
Self-esteem	Participation in exams	r=0.187**
	Academic performance	r=0.205**
	Lecture attendance	r=0.139*
	Success in exams	r=0.176*
	Grade point average	r=0.138*
	Expected time of graduation	r=0.104
	Essays writing (voluntary)	r=0.065

*p<0.05, **p<0.01

Table 4
Correlation Between Levels of Student's Self-esteem and Academic Achievement

Academic achievement	Level of Self-esteem (N)			X ²
	Low	Moderate	High	
<i>Lecture attendance</i>				
Every day	2	43	80	17.88**
2-3 times/week	3	25	45	
1 time/week	0	2	3	
2 times/month	1	1	0	
<i>Participation in exams</i>				
Seven courses	4	62	113	33.61***
Five courses	1	9	15	
Two-three courses	1	0	0	
<i>Success in exams</i>				
Seven courses	0	25	51	4.87
Five courses	5	40	70	
Two-three courses	1	6	7	
<i>Essays writing (voluntary)</i>				
Yes	5	61	118	2.23
No	1	10	10	
<i>Grade point average</i>				
≤six	3	24	26	42.11***
seven	2	33	74	
eight	1	11	24	
nine	0	3	4	
<i>Academic performance</i>				
Well	5	26	34	11.72
Well enough	1	17	36	
Satisfactory	0	26	48	
Very satisfactory	0	2	10	
<i>Expected time of graduation</i>				
Yes	2	34	73	2.51
No	4	37	55	

*p<0.05, **p<0.01, ***p<0.001

According to Table 3, a statistically significant positive correlation was found between self-esteem and participation in exams ($r=0.187^{**}$, $p<0.01$), as well as for estimated academic performance ($r=0.205^{**}$, $p<0.01$). There was also a positive correlation between student's self-esteem and lecture attendance ($r=0.139^*$, $p<0.05$), success in exams ($r=0.176^*$, $p<0.05$), and grade point average ($r=0.138^*$, $p<0.05$). Non-significant correlations were found between self-esteem, expected time of graduation and assignment of essays.

Further analysis of the results, namely direct correlations among the three levels (low, moderate, high) of self-esteem and academic achievement behaviors, indicated that students with high self-esteem tended to attend lectures every day ($\chi^2=17.88^{**}$, $p<0.01$), participate in exams at least in seven courses ($\chi^2=33.61^{***}$, $p<0.001$), and have until the time of the study grade point average seven or more ($\chi^2=42.11^{***}$, $p<0.001$). A marginal correlation ($\chi^2=11.72$, $p=0.07$) between high self-esteem and estimated academic performance was also found. This means that students with high self-esteem perceived their overall academic performance as satisfactory. Non-significant correlations were found between self-esteem and success in exams, assignment of essays and expected time of graduation (Table 4).

4. Discussion

The results of the present study indicated a strong association between self-esteem and academic achievement. Past research has shown that self-esteem and academic achievement correlate directly to a moderate degree (Wiggins et al., 1994). The analysis of the present data revealed a significant positive correlation between self-esteem and participation in exams, estimated academic performance, lecture attendance, success in exams, as well as for grade point average. These findings indicated that as student's self-esteem increased, specific sections of students' academic achievement, such as participation in exams, estimated academic performance, lecture attendance, success in exams and grade point average increased as well. On the contrary, non-significant correlations were found between self-esteem, expected time of graduation and essay's writing on a voluntary basis. It seems that self-esteem has not an impact either on the period that students expected that they would finish their studies, or on the essay's writing in a voluntary basis during the undergraduate period. Nevertheless, generally speaking, the findings of the present study pointed out that students with high self-esteem were likely to have an overall better academic achievement.

Further analysis of the results, namely direct correlations among the three levels of self-esteem (low, moderate, high) and academic achievement behaviors, indicated that students with high self-esteem tended to attend lectures almost every day, participated in exams at least in seven courses, and had until the time of the study grade point average seven or more. They also seemed to perceive their academic performance in a better way. As previous research (Moeller, 1994) has shown, honors students tend to demonstrate higher academic self-esteem and competency. For them, this academic self-esteem seems to become a motivational factor. The results of the present study showed

that students with moderate and low self-esteem were more likely to avoid situations that endanger their self-image, such as participation in exams. They also seemed to avoid lecture attendance, probably because they were afraid of getting involved in difficult situations, such as participating in conversations, answering in questions etc. They did not perceive their academic performance upwards of well and they had less than seven as grade point average. On the other hand, students with high self-esteem did not differentiate significantly from students with moderate and low self-esteem regarding other sections of academic achievement, such as success in exams, homework and expected time of graduation.

Concerning self-esteem, our results accord with those of other studies, which have demonstrated that self-esteem is a good predictor of academic achievement (Bhagat & Chassie, 1978; Crook, Healy, & O' Shea, 1984; Hansford & Hattie, 1982; Hoge, Smith, & Christ, 1995; Marsh, 1990; Marsh, Trautwein, Ludtke, Köller, & Baumert, 2005; Pekrum, 1990; Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995; Skaalvik & Hagtvet, 1990; West, Fish, & Stevens, 1980) and contradict others, which report no significant relationships between self-esteem and academic achievement (Carr & Borkowski, 1991; Maruyama, Rubin, & Kingsbury, 1981; Pottebaum, Keith, & Ehly, 1986; Wylie, 1974; 1979).

4.1. Implications for practice

The main aim of the Counselling Center of the University of Piraeus is to establish methods of intervention for dealing with problems such as low self-esteem, poor academic achievement, study anxiety, etc. For this reason, the interpretation of the results presented above have provided the Counselling Center with enough evidence to guideline the actions that should be carried out in order to facilitate the students to improve their academic achievement.

Low self-esteem can have devastating consequences on students. In particular, it might create anxiety, stress, loneliness, increase likelihood for depression, vulnerability to drug and alcohol abuse and might impair person's interpersonal relationships. It might also affect students' academic performance, and lead to underachievement. Worst of all, these negative consequences themselves reinforce the negative self-image that can take a person into a downward spiral of lower and lower self-esteem and increasingly non-productive or even actively self-destructive behaviour (Dryden, 2003; Fennell, 2007; Fennell & Jenkins, 2004; Lim, Saulsman, & Nathan, 2005; McKay & Fanning, 2000).

After analyzing and interpreting the results of the present study, there have been some changes on the way the scientific staff of the Center views the students' studying difficulties, by giving priority to self-esteem's assessment and psychological counselling. It helps students to learn about self-esteem and improve their self-image. Students can participate in 15-20 individual sessions or 10-12 group sessions based on cognitive techniques for assessing, improving and maintaining students' self-esteem. Our overall aim in working with students who do not value themselves is, on one hand, to help them create more realistic and flexible standards for self-evaluation and on the other to establish a stance that acknowledges inevitable human weakness and frailty without condemning it and without losing a fundamental underlying sense of self-acceptance.

During the first sessions, students learn to rebut their critical inner voices by challenging their negative messages. Since self-esteem is formed in part due to how the “significant others in our lives” have treated us in the past, the next step to healthier self-esteem is for a student to begin to treat him/herself as a worthy person by practicing basic self-care, planning fun and relaxing things for him/herself, rewarding him/herself for his/her accomplishments, reminding him/herself of his/her strengths and achievements, etc. The most difficult as well as significant action in order for a student to improve his or her self-esteem is getting help from others. It is true that people with low self-esteem often do not ask for help because they feel they do not deserve it. But since low self-esteem is often caused by how other people have treated us in the past, students may need the help of other people (family, friends, teachers, counsellors, etc) in the present to challenge the critical messages that come from negative experiences (Dryden, 2003; Fennell, 2007; Fennell & Jenkins, 2004; Lim et al., 2005; McKay & Fanning, 2000).

In most Greek Universities, tutoring does not exist as a fundamental service provided to the students. The results of the present study were presented to the University’s authorities in order to outline to them the necessity for such a service. Very recently, the University of Piraeus via the Counselling Center has tried to establish the tutoring service and the results of the study have proved to the tutors the impact of a psychological concept -namely self-esteem- on the product of their academic duties -namely students’ achievement & academic progress. In addition, the Center carries out seminars in order to educate the tutors in various psychological issues - amongst them the concept of self-esteem - in order for them to respond better to their tutoring duties.

The results of the present study could encourage efforts for further improvement of the educational system. The psychological factors in higher education must be taken into consideration very seriously and the optimal models of education should respect the general and perhaps even universal conditions for academic achievement.

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WHAT PROCRASTINATION MEANS IN HUNGARIAN HIGHER EDUCATION: THE RELATIONSHIP BETWEEN BEHAVIOUR AND PERSONALITY

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Abstract

In the current research we want to focus on how procrastinating behaviour appears in the academic settings.

The new system of Hungarian higher education – the credit system – gives bigger freedom for students in organizing of their studies. The study schedule of the institutions has got less pressure or determined path prescribed till the end of the studies. Now there is less extrinsic motivation, simpler control of proficiency and changed penalty to who fall behind with their studies.

Recently, the phenomena of postponing studies have appeared in Hungarian higher education. The term of a university study by the curriculum is usually five years (ten semesters) but now there are a few students who study one or two years more.

Sample

The examination took place at the Budapest University of Technology and Economics. 210 students (155 males, 65 females) took part voluntarily in the procedure from several faculties.

The methods

Personality was measured with the Bar-On Emotional Quotient Inventory (Hungarian version), and procrastinating behaviour with the Questionnaire of Procrastination Types and Lay's Trait Procrastination Questionnaire.

The results of the questionnaires were analyzed, and the two main types were compared: procrastinators and non-procrastinators. We expected that two groups would have differences between independence, reality testing, problem solving, stress tolerance and optimism. But in this study we got several differences in other scales: they were assertiveness and self-regard.

The procrastinating behavior ruins productivity, the person's relationships, the ability and possibility of work.

How can we overcome procrastinating in an academic environment?

What are the tasks of the student counsellor?

1. to recognize the influence of the credit system on the students' tasks and time management,
2. to recognize the signs and the causes of the procrastinating behavior.

Keywords: procrastination; higher education; counselling

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1. Introduction

Procrastination: The first time I heard this term was in 1995 in Utrecht from Eric Depreuw - never before had I heard it and I did not know this word in English. In my vocabulary this phrase is covered by delay, postponement, putting off an action but not procrastination.

I listened to Eric's presentation at the conference, and step by step the concept became clear to me.

At the evening programme I asked Eric why this phenomenon was so important in his research. Was it a problem that happened to students in their daily life?

At that time it was a very unusual problem in the Hungarian higher education, but now it is very common.

You can ask, why?

The credit system was introduced in higher education in Hungary in 1995, first at our university, the Budapest University of Technology and Economics.

Before the credit system the Hungarian higher education system was very strictly regulated: 10 semesters and the advancement was controlled by definite rules.

For sure it also happened earlier that a student postponed or got into delay in submitting the assignments, but the borderline was very rigorous. If students crossed this borderline, they lost the possibility to complete their courses, which meant they failed.

Sometimes it was a very big shame. If somebody was a procrastinator, they surely did not finish university studies or they had very-very big troubles in their academic career.

Presently, I have lectures on several subjects in my educational work, one of which is career planning. This subject is free for every student. At the beginning of the semester I usually ask my students: "How long have you been studying at the university?"

More and more often I get the answer "for 6, 7, 8 years." It means they will study at the university more than 10 semesters, sometimes 12, 13, or more.

Formerly, the reason for the extraordinary length of one's studies was sensible: either studying extra semesters at other European universities or personal reasons, but nowadays very often the only reason is procrastination.

Extending the time spent on studies is not only an issue of finances but it may depend on personality, behaviour and certain social circumstances.

My first question was whether it is the credit system which is to be blamed for procrastination in the first place? Yes, it can happen, because the credit system gives more freedom for students in organizing their studies.

The study schedule of the university puts less pressure on the students to determine the path till the end of the studies. Now there is less extrinsic motivation, simpler control of proficiency and different penalty for those who fall behind with their studies.

Recently, a new phenomenon, the postponing of studies has appeared in the Hungarian higher education.

When looking for the reason of this situation we found a phenomenon behind this behaviour: procrastination. Perhaps procrastination is not the only reason but if it is present, it will enhance this phenomenon.

Although with the new credit system students have to make decisions about (a) their own path of the studies to earn their degrees; (b) the order of subjects, practices and trainings; (c) the length of the study period and time-table of their studies.

The environment which has no strict expectations gives possibility for certain people to procrastinate.

For the verification of the influence of the credit system a lot of data were collected from two faculties of the Budapest University of Technology and Economics. 4.7 % of the students at the Faculty of Electrical Engineering and Information Sciences have overextended their studies (to 6th, 7th years), and 28.5 % of the students of the Faculty of Architecture did the same. (Gáspár, 2003).

We did not look for the reason of this extension, we just treated it as a symptom of the overextended studies.

1.1. What Is Procrastination?

The tendency to delay initiation or completion of important tasks (Lay, 1986), or delay tasks to the point of discomfort (Solomon & Rothblum, 1984).

The avoidance of doing a task which needs to be done – postponing something until tomorrow that can be done today. Procrastination does not only affect the person's work but also commonly involves feelings such as guilt, inadequacy, self-disgust, stress and depression (DeQuincey, 2004).

Why do people procrastinate?

What are the main reasons for this behaviour?

- Lack of relevance
- Lack of interest
- Perfectionism: having extremely high standards which are almost unreachable
- Evaluation anxiety: concern over other's responses to your work
- Ambiguity: uncertainty of what is expected for the completion of the task
- Fear of failure and self-doubt
- Inability to handle the task: lack of training or skill necessary to complete the task
- Lack of information needed to complete the task
- Anxiety over expectations that others have of you (e.g., high pressure to succeed; expectations that you will fail)
- The task seems overwhelming or unmanageable
- You are actually overburdened, trying to manage too much.

Sometimes we do not feel these causes but feel we want to be perfect or dream about reaching our goals, or worry about tasks or we want to do extra work. And at the end the work will not be fully completed.

Everybody has experienced these signs several times, everybody can keep postponing some tasks but not everybody is a chronic procrastinator. According to Dryden (2000) some people are chronic specific procrastinators, which means that procrastination is characteristic of only some (and always the same) tasks or some areas of their life. Chronic general procrastinators tend to procrastinate in a number of important areas of their life.

2. Method

2.1. Sample

The examination took place at the Budapest University of Technology and Economics. 210 students (155 males, 65 females) took part voluntarily in the procedure from several faculties.

2.2. Measures

Personality was measured with the Bar-On Emotional Quotient Inventory (Hungarian version), and procrastinating behaviour with the Questionnaire of Procrastination Types and Lay's Trait Procrastination Questionnaire.

The Bar-On Emotional Inventory has 121 items and these 15 scales:

Intrapersonal scales: self-regard, emotional self-awareness, assertiveness, independence, and self-actualization.

Interpersonal scales: empathy, social responsibility, and interpersonal relationship.

Stress management: stress tolerance, impulse control.

Adaptability: reality testing, flexibility, and problem solving.

General mood: optimism, happiness.

The 15 scales were analysed by students' behaviour: procrastinator and non-procrastinator, and they were compared by gender.

3. Results

By statistical analysis (Mann-Whitney and Kruskal-Wallis tests) the results show a significant difference between males and females. Higher values are found in the female group in terms of self-awareness, empathy, interpersonal relationship, while among the males self-regard, independence, stress tolerance and impulse control scale values are higher.

The female group shows higher results on interpersonal scales and only on one scale in the intrapersonal scales. It is self-awareness; by Bar-On it is an emotional self-awareness, the ability to recognise one's feelings.

The males' results show very masculine features. They are: the emotional independence, the self-regard, which means the ability to respect and regard themselves basically good, a good position against stress and impulses (Figure 1).

If we compare the results between procrastinators and non-procrastinators we get a very interesting analysis (Figure 2.)

We expected that two groups would have differences between independence, reality testing, problem solving, stress tolerance and optimism. But in this study we got several differences in other scales: they were assertiveness and self-regard.

The assertiveness in this questionnaire is composed of three basic components: the ability to express feelings, the ability to express beliefs and thoughts openly, and the ability to stand up for personal rights.

At first I thought in this meaning assertiveness does not have very big importance either for procrastinator or non-procrastinator persons. But the results show differently,

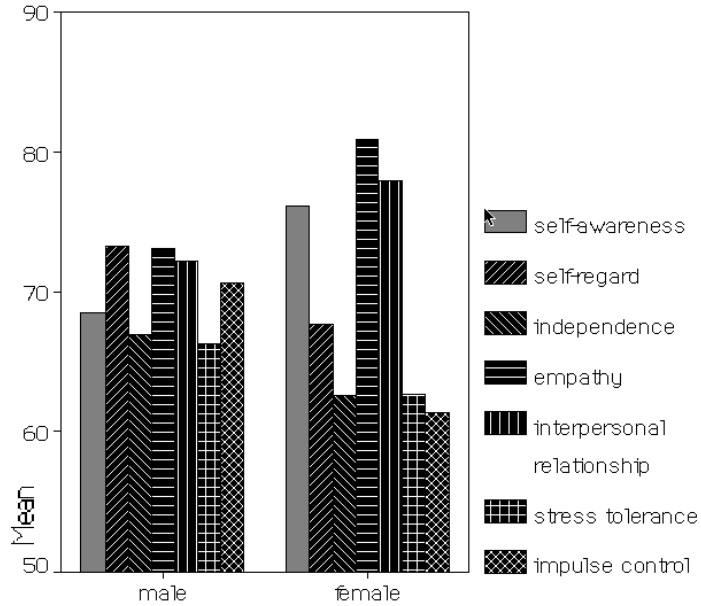


Figure 1
Results of Bar-On EQI Differences between genders

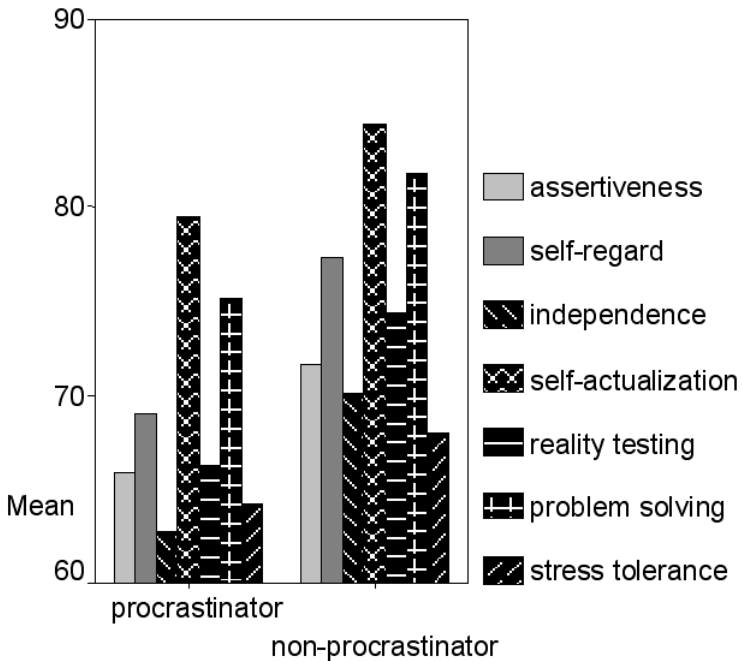


Figure 2
Results of Bar-On EQI Differences between procrastinator's type

thus it needs to be further examined, compared with other factors. Self-regard belongs to self-image, this difference is not so surprising, and some procrastinators have failed because they do not believe in their abilities, knowledge and qualities. But contrary to our hypothesis we did not find any difference in optimism.

Regarding the other self-reported measures used in this study (i.e., Questionnaire of Procrastination Types and Lay's Trait Procrastination Questionnaire) and based on the results of Lay's Questionnaire, we can say the procrastinator students have a trait of procrastination, which especially highly characterize them. The means of the two groups show significant difference ($p < .001$) (see Table 1).

Table 1
Results of the Lay's Trait Procrastination Questionnaire

Procrastination	N	Mean	Std. Deviation	Std. Error Mean
Procrastinator	121	61,69	11,189	1,017
Non-procrastinator	54	46,15	8,424	1,146

The question about procrastination types was: *Does it happen to you that you regularly postpone the realisation of your tasks?*

If the answer was yes, the next question was: *Do you fit one of these types?* The types were the following:

A) Perfectionist

You are reluctant to start or finish a task because you might not achieve your unrealistically high standard.

B) Dreamer

You have a tendency towards vagueness and lack of realism. You have great ideas but have difficulty transforming them into achievable goals.

C) Worrier

You are afraid of things going wrong and of being overwhelmed by events. So you avoid risk or change and have little confidence in your ability to make decisions or tolerate discomfort.

D) Crisis maker

You "enjoy" declaring that you can't get motivated until the last moment, or that you do your best work then. You probably have a low threshold for boredom. Or perhaps you hope that your tasks will miraculously disappear or someone will come along and help you.

E) Defier

Either you are aggressive and argumentative to others' suggestions or instructions because it implies that others are trying to tell you what to do or control you.

Or, you are passive-aggressive and tend to say "Yes" when you mean "No". This can be a way of getting back at others if you are afraid to voice your true feelings.

F) Overdoer

You are always working at something and often making extra work for yourself but you don't focus on the important issues that need to be tackled. You have difficulty saying "No".

G) Relax procrastinator

You avoid the situation with stress and duty. You often postpone your tasks because you want to enjoy the entertainment or relax. You think several tasks can to wait and momentary good things are more important.

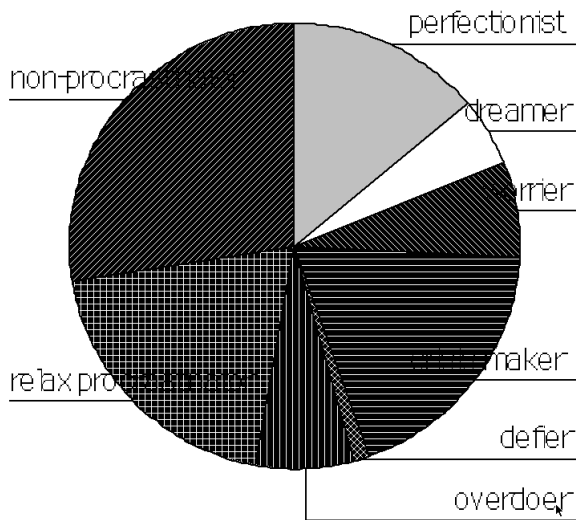


Figure 3
Distribution of procrastination types

The most frequent procrastination types are relax procrastinator and crisis maker. They are real procrastinators, because they avoid the situation with stress and duty. It is important to say it was the students' choice when they characterized themselves and they exactly knew these types.

One of these types is the perfectionist. I think it is sometimes a pseudo-procrastinator. The person often feels that work in itself is not enough for success, so he/she needs to work more and more, better and better, then the deadline is over and the person has not done the job.

4. Conclusions

We came to these conclusions: the procrastinating behaviour ruins productivity, the person's relationships, the ability and possibility of work.

How can we overcome procrastinating in an academic environment? What are the tasks of the student counsellor?

3. to recognize the influence of the credit system on the students' tasks and time management
4. to recognize the signs and the causes of the procrastinating behaviour, to find the influence of personality, social context/circumstances or the nature of assignment.

The student counsellor has to suggest the strategy to overcome procrastination:

- awareness – that the student is a real procrastinator,
- goal-oriented attitude – to identify goals and to make realistic decisions about how to do the tasks and to prioritize,
- commitment – to put up with short term pains for longer-term gains,
- persistence – willingness to repeat the procedures (Dryden, 2000),

The counsellor can give help to the students to develop and practice behavioural and cognitive strategies. For these aims we have to make a new analysis to study further characteristics of procrastinating behaviour in the academic setting.

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FAMILY ENVIRONMENT AND DEPRESSION IN ADULTS

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Abstract

The present study investigates which factors in the individual's family of origin are related with the onset of depression during the individual's adult life. The subjects are 700 students, 18 to 22 years old, from three Greek Universities (University of Athens, Patras and Aegean). Four questionnaires are used: 1) the Family Environment Scale (Moos & Moos, 1981), 2) the Hamilton Depression Scale (Hamilton, 1995), 3) a questionnaire about the family history, and 4) a demographic questionnaire, both designed by the researchers. According to the results, the factors which are related to depression are: family cohesion, family conflict, father and/ or mother absence before the age of 18, father and/ or mother depression, physical and/ or emotional abuse by father and/ or mother, and the existence of depressive symptomatology in the individual's past.

Keywords: Depression; family environment; university students.

1. Introduction

Problematic relationships with parents and siblings predispose to depression. Comparing families with depressed children and families with non-depressed children, a great number of differences can be seen in parents' behaviour towards children (Tejerina-Allen, Wagner, & Cohen, 1994).

The families of depressed individuals show low communicative and problem-solving abilities and high interfamilial negative criticism (Keitner & Miller, 1990). Criticism was found to play a role in the development of depressive symptoms by Racusin and Kaslow (1991) as well, who demonstrated that parents of depressed children alternate overprotection with rejection. Overprotection and lack of care also relate to depression according to Rodgers (1996). Higgins (2003) found that factors in the family environment contributing to depression are overprotection, parental authoritarian style and frequent conflict.

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In a study conducted in China, depressed children were found to come from families high in conflict (Chen, Li, & Rubin, 1995). Especially maternal rejection relates very closely to school difficulties, a fact that predisposes to depression. In a recent research, parental alienation was found to relate to the onset of depressive symptoms (Baker, 2005).

Expressed emotion, criticism, hostility or extreme emotional involvement, are factors contributing to the onset of depression (Asarnow, Goldstein, Thomson, & Guthrie, 1993). Depressed children come from less cohesive families, with parents less supportive and communicative and more controlling and conflicted. The more conflict in the family, the more vulnerable is an individual to depression (Sagrestano, Paikoff, Holmbeck, & Fendrich, 2003).

In a study comparing depressed adults with controls, the Family Environment Scale was administrated. Results showed higher scores in conflict and lower in cohesion, expressiveness, achievement orientation, intellectual-cultural orientation, active-recreational orientation, moral-religious emphasis and organization for the depressed in comparison to controls (Wei & Zhao, 2000).

The purpose of the present study is to examine which factors in the family environment, as determined by the Family Environment Scale, contribute to the onset of depression in Greek adults. It was hypothesized that high scores in cohesion, expressiveness, independence, achievement orientation, intellectual-cultural orientation, active-recreational orientation, moral-religious emphasis, and organization would be related with absence of depressive symptoms, and high scores in conflict and control would be related with presence of depressive symptoms in a sample of Greek students.

2. Method

2.1. Participants

The participants in this study are Greek undergraduate students. It was decided that the maximum age would be 22 years because individuals before this age are closer to their family of origin, and their memories and opinions concerning their family environment during childhood are more likely to be accurate. Also the chances that they have already started their own families are fewer. Therefore any students above 22 years, who had delayed the completion of their studies or who had already started their own family, were omitted. Also omitted were foreign and Greek-Cypriots students, as any differences between the Greek and the Cypriot family are not clear yet.

The Universities which participated are: the University of Athens, the University of Patras, and the University of Aegean, specifically of Rhodes. These are major Universities in Greece, randomly selected, which consist of students from all over Greece, urban areas as well as rural. The selection of departments was also random.

The treatment of subjects was in accordance to the ethical standards of the American Psychological Association. The questionnaires were anonymous in order to maintain the principle of confidentiality. Questionnaires not completely answered were considered invalid and were omitted. The initial sample was more than 900 students, but 700 of them were finally included in the study, as the rest did not meet the criteria.

More specifically, 226 students participated from the University of Athens, 183 from the University of Patras, and 292 from the University of Aegean. Among them, 654 were girls and 46 were boys. Two hundred and nineteen came from urban areas, 103 came from cities with more than 100000 inhabitants, 62 came from cities with 40000 to 100000 inhabitants, and 316 came from cities with less than 40000 inhabitants.

2.2. Measures

Family Environment Scale. The FES (Moos & Moos, 1981) was translated in Greek by the researchers with the help of a translator; in back translation, English translated into Greek and then back to English to ensure accuracy. It comprises ten subscales that measure the environmental characteristics of families. The ten subscales assess three underlying dimensions: the Relationship dimensions, the Personal Growth dimensions, and the System Maintenance dimensions. The Relationship dimensions are measured by the Cohesion, Expressiveness and Conflict subscales. The Personal Growth Dimensions are measured by the Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active-Recreational Orientation, and Moral-Religious Emphasis subscales. The System Maintenance dimensions are measured by the Organisation and Control subscales.

FES consists of 90 questions with True -False answers. The internal consistency is as follows: Cohesion, .78, Expressiveness, .69, Conflict, .75, Independence, .61, Achievement Orientation, .64, Intellectual-Cultural Orientation, .78, Active-Recreational Orientation, .67, Moral-Religious Emphasis, .78, Organisation, .76, and Control, .67. Test-retest reliability of a 2-month interval is as follows: Cohesion, .86, Expressiveness, .73, Conflict, .85, Independence, .68, Achievement Orientation, .74, Intellectual-Cultural Orientation, .82, Active-Recreational Orientation, .77, Moral-Religious Emphasis, .80, Organisation, .76, and Control, .77. Concerning construct validity cohesion correlated positively with the Indices Procidano-Heller (Swinlde, 1983), the Locke-Wallace Marital Adjustment Scale (Waring, McElrath, Lefcoe & Weisz, 1981), and the Spanier Dyadic Adjustment (DAS; Abbott & Brody, 1985). Expressiveness and Conflict also correlated positively to DAS. Finally, Cohesion, Organisation and Control correlated significantly with the Family Routines Inventory (Jensen, James, Boyce, & Harnett, 1983).

Hamilton Depression Inventory. The HDI (Kobak et al(2000) was translated in Greek by the researchers with the help of a translator, in back translation as well. HDI is a tool for the measurement of the severity of depressive symptoms by use of pencil and paper. It uses a cutoff point above which a person is considered depressed. However, HDI is not intended to give a diagnosis of depression in itself as accurately as if combined with structured interviews, such as the Structured Clinical Interview for the DSM-III-R (SCID; Spitzer, Williams, Gibbon, & First, 1987).

It consists of 23 questions and can be used in adults, 18 to 89 years old, from the psychiatric community or from the broader population, in research concerning depression. The duration of its administration is 10 minutes. It measures the symptoms of depression as indicated by the DSM-IV. The maximum score is 73. Any score above 50 is rare. The mean score for any adult is 7, and for the depressed 31. The range of scores for the HDI is as follows: 0 - 13,5, not depressed, 14,0 - 18,5, subclinical, 19,0 - 25,5, mildly depressed, 26,0 - 32,5, moderately depressed, 33,0 - 39,5, moderately to severely

depressed, and equal or more than 40,0, severely depressed. The reliability of internal consistency is .94 for men, and .93 for women. Content validity of the HDI is ensured by the fact that the HDI measures the symptoms indicated by the DSM-IV. Construct validity is shown through the comparison of the HDI with other tools measuring psychological distress and well-being: Beck Depression Inventory (.93), Beck Hopelessness Scale (.78), Adult Suicidal Ideation Questionnaire (.66), Beck Anxiety Inventory (.77).

2.3. Procedure

The questionnaires were administered by one of the researchers during a lecture break, with prior consent by the lecturer, while students were still in the amphitheatre. Students were first informed briefly of the research and its scope. Then it was explained to them that the completion of questionnaires was anonymous and optional and the following general instructions were given:

1. Students should answer as quickly as possible (so that the answers were as close to the truth as possible).
2. Students should not leave any questions unanswered, even if in doubt, but they should give the answer they considered to be most true.
3. Students should complete the questionnaires individually, not in pairs.
4. Time of completion was a quarter of an hour.
5. Students should follow the instructions included in each questionnaire.
6. Any question concerning the questionnaire should be addressed to the researcher.

3. Results

A factor analysis was conducted in order to standardise FES for Greece. The analysis showed only five factors as valid for Greek settings: Cohesion (Cronbach $\alpha = 0,84$), Moral-Religious Emphasis (Cronbach $\alpha = 0,71$), Active-Recreational Orientation ($\alpha = 0,74$), Conflict ($\alpha = 0,70$), and Organisation ($\alpha = 0,58$).

From a total of 700 students, 25,7% were non-depressed, 16,9% sub-clinical, 16,4% mildly depressed, 18,6% moderately depressed, 9,7% moderately to severely depressed, and 12,7% severely depressed.

Concerning the five factors in the family environment with high reliability in the factorial analysis, only two were found significantly related to the onset of depression: Cohesion (Pearson $r = -.226$, $p < .01$) and Conflict (Pearson $r = .283$, $p < .01$). Moral-Religious Emphasis (Pearson $r = -.009$), Active-Recreational Orientation ($r = .063$) and Organisation ($r = .049$) did not have a significant relationship to the disorder ($ps > .05$).

4. Discussion

Only two of the five factors of the FES were found to have a significant relationship with depression. Cohesion had a correlation coefficient of $-.226$ indicating that low scores in Cohesion are related to high scores in depression, that is the less cohesive is a family,

the more probable is for the child to develop depressive symptoms. Conflict, on the other hand, had a correlation coefficient of .283, indicating that high scores in conflict are related to high scores in depression, that is the more conflict there is among family members, the more probable is for the child to develop depressive symptoms. The other three factors, Moral-Religious Emphasis, Active-Recreational Orientation, and Organisation contrary to the initial hypothesis did not relate to depression at all.

A cohesive family is probably providing the individuals with support, communication, problem-solving abilities, and comfort from stress. It strengthens their self-esteem, gives them a sense of security and control over their life course. All these factors protect them from depression. On the contrary, frequent quarrelling weakens family relationships rendering the individual vulnerable to melancholy and depressive symptoms.

Concerning the relationship of family cohesion and family conflict to depression, most research provides support to the findings. Feldman, Rubenstein and Rubin (1988) found that family cohesion and friends' support protect from depression. Chen, Li and Rubin (1995) concluded that depressed children come from families high in conflict. Higgins (2003) also related depression with conflict in the family. Wei and Zhao (2000), using the FES, found that high scores in depression are related to high scores in Conflict, and low scores in Cohesion, Moral-Religious Emphasis, Active-Recreational Orientation, and Organisation.

To conclude, there are a number of limitations in this research. First, the population selected may represent different socio-economic statuses and different regions of Greece, but findings are limited to students. They cannot be safely generalised to individuals in other circumstances. Second, depression cannot be diagnosed by HDI alone. A combination of the HDI with a structured interview would give a more precise diagnosis of the disorder.

Third, as with all retrospective studies, it is impossible to know the exact confounds influencing the results. There may be a number of other variables influencing the psychopathology of students than those mentioned in this study.

Fourth, there is also a possibility that depressed students, because of their condition, recalled more negative events from their past. This cannot be true for unmistakable facts, such as death or divorce, but it can be particularly applied when students characterise their parents as "distant", or when they report emotional abuse. However, as Brewin et al. (1993) assert, individuals asked about events in their past occurring when they are old enough to understand such events, give accounts with central features likely to be reasonably accurate.

Finally, FES was not constructed initially for the Greek family. With factorial analysis only five of the ten initial factors were measured. Factors like Control, Achievement Orientation, Independence, very important in a Greek family, were not included at all due to lack of reliability. A questionnaire constructed specifically for Greece should be used instead in order to provide safe conclusions.

Despite those limitations, this study confirms the fact that family environment is very important for an individual's mental health. The knowledge of the factors underlying the onset of depression can contribute to the development of prevention models to minimise the likelihood of onset as well as of recurrence of the depressive disorder.

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THE RELATIONSHIP BETWEEN DYSFUNCTIONAL EATING ATTITUDES, ALEXITHYMIA AND FAMILY BONDS IN GREEK STUDENTS

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Abstract

It is well documented in the literature that eating disorders are now becoming a widespread psychological difficulty. Recent research data indicate that eating disorders have a strong link with the psychological construct of alexithymia as well as dysfunctional familial relationships. The aim of this study was to examine the phenomenon of eating disorders in relation to alexithymia and attachment bonds, in a sample of Greek university students. Data were collected from 441 university students who filled in the questionnaire for eating disorder behaviour EAT-26 (Garner & Garfinkel, 1979), the scale of alexithymia TAS-20 (Bagdy, Taylor, & Parker, 1994), the Personal Authority in the Family System Questionnaire (PAFS-Q - Bray, Williamson, & Malone, 1984) and a questionnaire about demographic characteristics. The analysis of the data showed a strong correlation of dysfunctional eating attitudes to the variables examined. Implications for student counselling are also discussed.

Keywords: eating disorders; alexithymia; family bonds; student counselling.

1. Introduction

Eating disorders reflect a continuance of ineffective attitudes and behaviours regarding food. Some authors characterize them as multifactorial syndromes (Speranza et al., 2003), since their causes depend on a plethora of factors. No theory on its own can explain completely this phenomenon. For instance, genetic factors can half-illustrate the causes of eating disorders, while social and cultural factors, such as demographic data, explain only a part of the symptomatology. In addition, psychological, biological, familiar factors and some personality characteristics have been considered as insightful factors for the better understanding of the etiology of eating disorders (Abraham, 1997;

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Corcos et al., 2000; Eizeguirre, De Cabezon, De Alda, Olariaga, & Juaniz, 2004; Speranza et al., 2003).

It is well documented in the literature that eating disorders are now becoming a widespread psychological difficulty especially in women population. In specific, women are 15 times more liable than men in developing anorexia nervosa, which usually appears for the first time during adolescence. The statistics show that 1 woman out of 1000 is suffering from anorexia nervosa while the rate increases significantly during adolescence to 1 woman out of 200. The percentage for bulimia is even higher than this (1-3 out of 100). According to the American Psychological Association (APA, 1994), eating disorders affect 1-3% of the general women population.

1.1. Family Relationships and Eating Disorders

Parent-child relationships and abnormal rearing practices are accepted as important factors within a multifactorial model of eating disorder etiology (Jones, Harris & Leung, 2005). Existing measures of family functioning consistently differentiate eating-disordered women from non-eating-disordered women, with poorer levels of family functioning found in the eating-disordered group (Sheffield, Waller, Emanuelli, & Murray, 2006). In addition, it was found that activation of internalized images of dysfunctional family relationships triggered emotional distress, which was associated with increased feelings of hunger in eating disordered women (Jones et al., 2005).

Attachment theory (Bowlby, 1969) is a basic theoretical basis for researching and understanding the nature of relationships among family members. There is evidence that attachment style is related to eating problems and weight concern. Ward, Ramsay, & Treasure (2000) found that insecure attachment is related to eating problems in both clinical and non-clinical populations (McKinley & Randa, 2005). Avoidant and anxious attachment styles have been associated with binge eating under stress (Tasca et al., 2006). In addition, research has shown that eating and body satisfaction measures are related to an anxious attachment style, which implies a relationship with anxiety and less with avoidance (McKinley & Randa, 2005).

In self-report studies, patients are more critical about the family functioning than their parents. Generally speaking, bulimic patients view their families as conflicted, badly organized, non-cohesive, and lacking in nurturance or caring (Claus, Vandereycken, & Vertommen, 2004).

Also, ED families in comparison with a normative sample of normal families were perceived as less cohesive, less emotionally expressive, more conflictive, less independent and more achievement oriented (Claus, Vandereycken, & Vertommen, 2004).

Previous research indicated that maternal over-protectiveness is linked to anorexia nervosa, and low levels of parental care coupled with high levels of overprotection, have been reported by women with bulimia nervosa (Turner, Rose, & Cooper, 2005). In addition, bulimic women reported more paternal rejection than did control women and binge-eating women reported more maternal rejection (Jones et al., 2005). It has also been suggested that the persistence of chronic anorexia nervosa may be linked to unhealthy parental bonding, particularly lower levels of maternal and paternal care (Turner et al., 2005).

Besides attachment bonds, eating disorder has also been associated with disruptions in object relations and the separation-individuation process. More specifically, it has been suggested that when the caregiver does not provide the child with the sense of stability and soothing that is necessary, the child comes to feel insecure, experiences a lack of emotional control and is not able to comfort and sooth himself/herself (Huprich, Stepp, Graham, & Johnson, 2004). These findings refer more to women than men populations.

1.2. Alexithymia and Eating Disorders

The term Alexithymia is a concept initially defined by Sifneos (1973) that describes a disturbance in affective and cognitive functions characterized by a difficulty in recognizing and verbalizing feelings. Sureda, Valdes, Jodar, & De Pablo (1999) stress that the specific concept consists of a difficulty to label or express feelings, and includes inability locating bodily sensations, paucity of fantasy life and dreaming and a tendency to use actions rather than words to cope with emotional situations. Sifneos (1973) regarded preoccupation with concrete details, as a basic element of this concept, as well. Finally, it must be stated that several theorists and practitioners, consider alexithymia as a personality trait (Luminet, Rime, Bagdy, & Taylor, 2004).

Alexithymia is identified as a continuum within the population, however, people cannot be described as alexithymic unless alexithymia is connected with a high probability of ill health (Quinton & Wagner, 2005). According to studies conducted in nonclinical samples, the incidence of alexithymia varies from 0% (Jimerson, Wolfe, Franko, Covino, & Sifneos, 1994) to 28% (Guilbaud et al., 2002). Higher incidence of alexithymia has been found in several physical conditions as well as in many different pathologies such as somatoform disorders (Lundh & Simonsson-Sarnecki, 2001), alcoholism, drug addiction, post-traumatic stress, asthma (Sondergaard & Theorell, 2004) depression (Sexton, Sunday, Hurt, & Halmi, 1998), and in mixed psychiatric outpatients (Todarello, Taylor, Parker, & Fanelli, 1995). However, it is noted that in all these studies, causality is very difficult to be established. Men are estimated to be characterised from alexithymia more than women, especially as far as the factor 'preoccupation with concrete details' is concerned (Quinton & Wagner, 2005).

There is debate as far as the aetiology of alexithymia is concerned, however the most common explanation is coming from the attachment theory. Attachment theorists connect this impairment in emotion regulation with defective bonding, which develops in an inadequate nurturing environment as also noted earlier (Speranza et al., 2003). Crittenden et al. (1994, as cited in Speranza et al. 2003) suggest that insecure children, learn to ward off emotions and to replace comfort that would ordinarily come from a secure attachment style. Bowlby (1988) talks of 'defensive exclusion of emotions' meaning the way the individual vigorously defend against feeling again the desperate pain and rage that he/she felt from wanting, but not getting, his/her childhood attachment figure.

Since the concept of alexithymia was first constructed, as an individual's inability to understand and communicate emotions, several theorists and practitioners, argued that it is significantly connected to eating disorders (Bydlowski et al., 2005; Cochrane, Brewerton, Wilson, & Hodges, 1993; Corcos et al., 2000; Sureda et al., 1999; Taylor,

Parker, Bagdy, & Bourke, 1996; Zonneville-Bender, Van Goozen, Cohen-Kettenis, Van Elburg, & Van Engeland, 2002). As Taylor et al. (1996) suggest, there are certain perceptual and conceptual disturbances identified (e.g. inaccuracy in identifying bodily end emotional states, body image disturbances) in many eating disorders patients. Eizaguirre et al. (2004) also argue that in eating disorders a deficit on the cognitive processing of emotions appears, but not on operational cognitive styles, which could be due to alexithymia.

In general, a number of studies have shown a high incidence of alexithymia in eating disorders (Quiton & Wagner, 2005). According to Taylor et al. (1996) the incidence of alexithymia in anorexia nervosa is estimated to range from 48% to 63% and in bulimia nervosa from 40% to 63%. Later studies by Corcos et al. (2000) have shown that anorexic patients exhibited higher rates of alexithymia (56.3%) compared to bulimic patients (32.2%). Different studies, show higher levels of alexithymia in bulimics (51-83%) than anorexics (23-77%) (Eizaguirre et al., 2004). However, although there is a debate, the majority of the studies which provide evidence that alexithymia is related to eating disorders, show that globally, anorexic patients are more alexithymic as compared to bulimic patients (Cochrane et al., 1993; Jimerson et al., 1994; Edman & Yates, 2004).

Both patients with anorexia and bulimia seem to exhibit inadequate understanding and ability to communicate their emotions (De Zwaan, Biener, Bach, Wiesnagrotzki, & Stacher, 1996; Troop, Schmidt, & Treasure, 1995; Zonneville-Bender et al., 2004). However, anorexics show higher difficulty compared to bulimics, both in understanding (Speranza et al., 2003; Quinton & Wagner, 2005) and in describing feelings (Bydlowski et al., 2005; Taylor et al., 1996).

The relationship between different factors of alexithymia and different factors of eating disorders seem to vary as well. Kiyotaki and Yokohama (2006) found that oral control is significantly connected with difficulty identifying feelings and difficulty describing feelings. Moreover, they found that oral control was predicted by difficulty identifying feelings. Quiton and Wagner (2005) also found that patients with very intense fear of gaining weight, lack in recognizing their emotions.

Hund and Espelage (2006) underline the interaction between eating disorders, alexithymia and problematic dynamics in family environment. Early research on family factors on women with eating disorders described these environments as intrusive, overprotective, controlling for anorexics, and chaotic and emotionally cold for bulimics (Brunch, 1973, as cited in Hund & Espelage, 2006). Mazeo and Espelage (2002, as cited in Hund & Espelage, 2006), expand this notion further by suggesting that alexithymia which characterise patients with eating disorders, could be a psychological mechanism by which individuals manage the vulnerability associated with experiencing mental abuse and potentially humiliating statements from family members. Accordingly, Taylor et al. (1996) suggested that feelings and actions towards food, is a way to regulate the real distressing and undifferentiated emotional states in these patients; this behaviour appears to function again as a coping mechanism. Finally, according to Speranza et al. (2003) patterns of insecure attachment have been associated both with alexithymia and other disturbances including eating disorders.

Aims of the study

Based on the literature presented above, the aim of this study was to examine the phenomenon of eating disorders in relation to alexithymia and attachment bonds, in a sample of Greek university students. We expected that participants who present with dysfunctional familial bonds (either operating in a fused manner with their parents, indicate lower intimacy and satisfaction and/or more triangulation) would exhibit a higher tendency for disturbed eating attitudes. Similarly, we hypothesize that participants with a greater difficulty in describing and expressing their feelings (high scores in the alexithymia scale) would also present with problematic eating attitudes. Apart from these hypotheses, this study seeks to investigate the possible contribution of the family environment to the development of alexithymic tendency in our sample.

2. Method

2.1. Participants

The sample comprised 441 people from two different groups. The first group consisted of 215 pupils of first and second class grades from Lyceums of Crete and the Island of Samos. The second group included 226 undergraduate students from Departments of Psychology and Philology of the University of Crete and from the Institute of Validation of Technology (I.V.T). Of the sample 298 (67,6%) were female (age_{range} = 19 to 21 years, SD = 0,80) and 143 (32,4%) male (age_{range} = 15 to 18 years, SD = 0,84) (see Table 1). Seven participants did not report their current educational status.

With regards to residence, 57,7% of the participants were living in little towns or villages and 41,1 % in towns or cities (like Athens and Thessaloniki).

Table 2 presents the distribution of the parents' education according to the answers of the subjects.

For analysis purposes, age was divided into four groups: a) 15 to 18, b) 19 to 21, c) 22 to 25 and finally, 26 to 29 years old. This group formation was directed from previous research (Castro, 2000). Thus, for males, 66,2% were adolescents and 33,8% adults and for females, 48% were adolescents and 52% adults (see Table 3).

Table 1
Frequency Distribution of gender by group

Gender	University Students		Pupils		Total	
	f	Valid %	f	Valid %	f	Valid %
Boys	49	21,7	94	43,7	143	32,4
Girls	177	78,3	121	56,3	298	67,6

Table 2
Frequency Distribution of education level for both parents

Level of Education	Mother		Father	
	f	Valid %	f	Valid %
Some years in primary school	8	1,8	14	3,1
Primary School	79	17,5	86	19,1
Junior High School	72	15,9	78	17,3
Senior High School	163	36,1	112	24,8
Technological Institutes	65	14,4	77	17,1
University	63	13,9	84	18,6

Table 3
Frequency Distribution of age by gender

Age Groups	Gender				Total	
	Male		Female			
	f	Valid %	f	Valid %	f	Valid %
15-18	96	66,2	143	48,0	239	54,0
19-21	22	15,2	102	34,2	124	28,0
22-25	24	16,6	47	15,8	71	16,0
26-29	3	2,0	6	2,0	9	2,0

2.2. Measures

The Eating Attitudes Test (EAT). An abbreviated version of EAT, the Eating Attitudes Test-26 (EAT-26; Garner & Garfinkel, 1979) was used for the investigation of disturbed eating attitudes in the sample. In this study, the Greek version of EAT-26, adapted into Greek by Varsou & Trikkas (1991) was used. The instrument is a self-report questionnaire that is rated according to a 6-point Likert scale ranging from 1 (never) to 6 (always). Through factor analysis the EAT-26 form three subscales: Dieting, Bulimia-Food Preoccupation and Oral Control. The alpha coefficient for the EAT-26 in the current study was .79.

The Toronto Alexithymia Scale (TAS-20) (Bagdy, Taylor, & Parker, 1994). The initial 26-item Toronto Alexithymia Scale (TAS) was developed in 1985 by Taylor, Ryan & Bagby as the first reliable and valid self-report measure of the alexithymia construct. It was modified by Bagdy et al. (1994) to develop a revised and improved twenty-item version. This new version consists of 20 self-descriptive statements, each rated on a 5-point Likert scale (1=strongly disagree to 5=strongly agree). As previous research reveals (Parker, Bagby, Taylor, Endler, & Schmitz, 1993; Joukamaa et al., 2001), the TAS-20 has a three-factor structure either in college students or psychiatric samples: (a) Difficulties Identifying Feelings (DIF), (b) Difficulties Describing Feelings (DDF), and (c)

Externally Oriented Thinking (EOT). The scale has good reliability in two out of three subscales: DIF ($\alpha = .75$), DDF ($\alpha = .71$) and not satisfactory for EOT ($\alpha = .51$). It must be noted that high score in the total scale demonstrates a difficulty in identifying and expressing feelings by the person. The TAS-20 was translated into Greek by Anagnwstopoulos and Kioseoglou (personal communication).

Personal Authority in the Family System Questionnaire (PAFS-Q) was developed by Bray, Williamson, & Malone (1984) to assess intergenerational family relationships. It was translated and adapted in a Greek sample by Triliva (1990) who developed a Greek 46-item version which included only four out of its eight original subscales. The PAFS-Q is a self-report questionnaire that is rated according to a 5-point Likert scale. The 46-item questionnaire is comprised of four subscales, three of which were used for this study: Intergeneration Fusion (INFUS) which measures the degree to which a person operates in a fused or individuated manner with parents, Intergeneration Intimacy (ININT) which assesses the degree of intimacy and satisfaction individuals experience with their parents (individuals answer items for mother and father separately) and Intergeneration Triangulation (INTRI), which assesses triangulation between individuals and their parents. The responses combine to form the scores of the scale. Higher scores in the PAFS-Q are indicative of more individuation, more intimacy and less triangulation within the family system. Cronbach's alpha was performed and the coefficients ranged from .62 to .93.

Finally, participants provided demographic data such as gender, age, information, occupation, permanent residence and the level of educational status of their parents.

2.3. Procedure

The questionnaires were filled out by the participants, during an ordinary lecture. Permission, either by the pupil's parents or student's lecturer was sought before the administration of the questionnaires. The collection of the data for university students took place in campus of Gallus of the University of Crete during the spring semester 2006. There was no payment or other incentive to complete the study. Participation in the study was voluntary and participants were informed that all results are confidential. Eventually, all data were encoded, transferred and analysed with SPSS 15 (Statistical Package for Social Sciences) in the laboratory of Social Statistics of the School of Social Sciences, University of Crete.

3. Results

3.1. Descriptive Statistics and Reliabilities

The following Tables show the means, standard deviations and other indicators of Descriptive Statistics, including the alpha coefficient of factors for all measurements.

As it is shown in Table 4, regarding the questionnaire EAT-26, the factor 'dieting' has the highest mean of all ($M = 0.60$) while the factor 'bulimia and food preoccupation' the lowest ($M = 0.29$). In the last column the reliabilities of the subscales are presented. The alpha coefficients range from .36 to .83.

Table 4
Means, Standard Deviation, minimum, maximum and alpha coefficients for the EAT-26 and the three factors

EAT-26					
Factors	M	SD	Minimum	Maximum	Cronbach (a)
Dieting	0.60	0.53	0	2.77	0.83
Bulimia and Food preoccupation	0.29	0.37	0	2.40	0.54
Oral control	0.53	0.38	0	2.43	0.36
EAT-total	0.51	0.35	0	2.35	0.79

Similarly, in Table 5, regarding the TAS-20 questionnaire, the factor 'Difficulty Describing Feelings' (DDF) has the highest score ($M=2.71$) and the factor 'Externally Oriented Thinking' (EOT) the lowest ($M=2.27$). Unfortunately, the internal consistency of the last subscale was median (Chronbach's $a_{E.O.T.} = .51$). We assume that the questions related to the meaning of externally oriented thinking, were not completely understood by the participants.

Table 5
Means, Standard Deviation, minimum, maximum and alpha coefficients for the TAS-20 and the three factors

TAS-20					
Factors	M	SD	Minimum	Maximum	Cronbach (a)
D.I.F.	2.51	0.81	1.0	5.0	0.75
D.D.F.	2.71	0.88	1.0	5.0	0.71
E.O.T.	2.27	0.54	1.0	4.0	0.51
TAS- total	2.46	0.52	1.25	4.0	0.77

Note. D.I.F = Difficulty Identifying Feelings, D.D.F = Difficulty describing Feelings, E.O.T.= Externally oriented thinking.

Finally, as far as Personal Authority in the Family System Questionnaire (PAFS-Q) is concerned, the highest mean was observed in the 'Intergeneration Fusion' subscale ($M=3.37$) and the lowest in the 'Intergeneration Intimacy' subscale ($M=2.0$). In the last column (see Table 6) the reliabilities of all subscales are also presented. The alpha coefficients range from .63 to .93.

Table 6
Means, Standard Deviation, minimum, maximum and alpha coefficients for the PAFS and the three factors

PAFS					
Factors	M	SD	Minimum	Maximum	Cronbach (a)
Intergeneration Fusion	3.37	0.66	1.25	5.0	0.63
Intergeneration Intimacy	2.0	0.59	1.0	4.52	0.93
Intergeneration Triangulation	2.73	0.65	1.0	5.0	0.73
PAFS- total	2.43	0.42	1.27	4.36	0.87

3.2. Correlations between questionnaires

In this section, an inter-correlation matrix with each of the subscales from the TAS-20 and EAT-26 was constructed (Table 7).

Table 7
Correlation Coefficients between EAT-26 and TAS-20

		EAT-26			
TAS-20	Dieting	Bulimia and food preoccupation	Oral control	EAT-total	
D.I.F.	.27*	.16**	.09	.25**	
D.D.F.	.07	.05	-.03	.05	
E.O.T	-.18**	.03	-.02	-.14**	
TAS- total	-.05	.11**	.03	.07	

Note. D.I.F = Difficulty Identifying Feelings, D.D.F = Difficulty Describing Feelings, E.O.T.= Externally Oriented Thinking.

* $p < .05$, ** $p < .01$ (two-tailed)

Correlations between subscales were low to moderate, ranging from .11 to .27 (most of them $p < .01$). As shown in Table 3.4, there were positive correlations between D.I.F., 'Dieting', 'Bulimia and food preoccupation' and EAT-Total score and two negative correlations between E.O.T, 'Dieting' and EAT-Total mean.

Table 8 presents the correlations between the three factors of PAFS, the full scale's mean and the three factors of EAT-26 and full scale's mean. The analysis revealed some negative correlational relationships (although low to moderate), ranging from -.09 to

Table 8
Correlation Coefficients between EAT-26 and PAFS

	EAT-26			
PAFS	Dieting	Bulimia and food preoccupation	Oral control	EAT-total
Intergeneration Fusion	-.23**	-.28**	-.06	-.26**
Intergeneration intimacy	-.12*	-.01	-.06	-.18*
Intergeneration triangulation	-.13**	-.10*	-.12**	-.16**
PAFS total	-.18**	-.09*	-.11*	-.19**

* $p < .05$; ** $p < .01$. (two tailed)

-.28. More specifically, Intergenerational Fusion was negatively correlated with Dieting, Bulimia and food Preoccupation and the total EAT-26 scale, denoting that higher fusion (or less individuation) between family members indicates higher anorexic and bulimic tendencies. All correlations were statistically significant.

Similarly, correlations among factors of PAFS-Q and Alexithymia scale (TAS-20) were performed (Table 9). The TAS-20 subscales were significantly associated with the subscales of PAFS-Q. In the case of 'Intergeneration Fusion', we observed negative correlations with the factors of TAS-20. Particular attention should also be given to the negative relationship between 'Intergeneration Fusion' and 'Difficulty Identifying Feelings' ($r = -.35$, $p < .01$).

Table 9
Correlation Coefficients between TAS-20 and PAFS

	TAS-20			
PAFS	D.I.F.	D.D.F.	E.O.T	TAS- total
Intergeneration Fusion	-.35**	-.19**	-.03	-.28**
Intergeneration Intimacy	-.19**	.22**	.17**	.18**
Intergeneration triangulation	-.03	.13**	.09	.13**
PAFS total	-.28**	.22**	.13**	.15**

** $p < .01$. (two -tailed)

3.3. Comparisons among gender and age groups

Because of previous research suggesting that there are gender and age differences on factors of the two questionnaires (TAS-20 and PAFS-Q) and the EAT-26 scale (i.e. Milligan & Waller, 2000; Claus et al., 2004) comparisons among gender and age groups were also conducted. The statistical analyses used were one-way and univariate analysis of variance (ANOVA).

Results of one-way ANOVA yielded statistically significant gender differences on factor 'Dieting' and 'EAT-total' of EAT-26, $F(1,449) = 30.02$, $p < .001$, and $F(1,449) = 19.77$, $p < .001$, respectively. Girls reported greater obsession with dieting ($M = .69$, $SD = .69$) and general more concern with eating behaviours ($M = .56$, $SD = .56$), than boys (Dieting: $M = .41$, $SD = .41$; EAT-total: $M = .41$, $SD = .40$) (Table 10).

Table 10
Differences between boys and girls on Eating Attitudes Test (EAT)

Factors of EAT-26	Gender		F (<i>d.f.</i> = 1, 449)
	Boys Mean	Girls Mean	
Dieting	0.41	0.69	30.02***
Bulimia and food preoccupation	0.29	0.29	0.01
Oral control	0.50	0.54	1.40
Total	0.41	0.56	19.77***

Note. *** $p < .001$

For the Personal Authority in the Family questionnaire, analysis of variance showed that the effect of gender was significant in the 'Integeneration Intimacy' factor, $F(1,450) = 11.75$, $p < .001$, the 'Integeneration Triangulation' factor, $F(1,352) = 11.23$, $p < .001$ and, finally, in scale's total average, $F(1,352) = 12.89$, $p < .001$. In particular, boys reported greater average of agreement in intimacy ($M = 2.12$, $SD = .60$), triangulation ($M = 2.88$, $SD = .66$) and total mean of PAFS-Q ($M = 2.53$, $SD = .44$) than girls (INTIM: $M = 1.92$, $SD = .57$; INTTRI: $M = 2.66$, $SD = .64$; PAFS-Q TOT: $M = 2.38$, $SD = .40$) (Table 11).

Furthermore, an analysis of ANOVA was also performed in order to examine if there were differences among the three age groups on the three measurements. It is interesting to note that no significant relationships were observed between factors of EAT or PAFS and age, not even marginally. However, the main effect of age was significant in relation to Alexithymia (see Table 12). Firstly, for the factor 'Difficulty Identification Feelings' (D.I.F.) differences were found on age groups, $F(2,429) = 4.69$, $p < .01$. When performing multiple comparisons with the Scheffe "post hoc" test, differences were found among

Table 11
Differences between boys and girls on Personal Authority in the Family System Questionnaire (PAFS-Q)

Factors of PAFS	Gender		F (<i>d.f.</i> = 1, 450)
	Boys Mean	Girls Mean	
Intergeneration Fusion	3.32	3.41	3.41
Intergeneration intimacy	2.12	1.92	11.75***
Intergeneration triangulation	2.88	2.66	11.23***
Total	2.53	2.38	12.89***

Note. *** $p < .001$

the group of 22-25 ($M = 2.25$, $SD = .09$, $p < .05$) vs group of 15-18 ($M = 2.55$, $SD = .05$) and 19-21 ($M = 2.59$, $SD = .07$). Secondly, regarding 'Difficulty in Describing Feelings' (D.D.F.) differences were also observed among groups, $F(1, 429) = 5.47$, $p < .05$. After performing, in this case, multiple comparisons with Dunnett-T3, differences were found between the group of 22-25 ($M = 2.04$, $SD = .01$, $p < .05$) versus group of 15-18 ($M = 2.79$, $SD = .05$). Finally, regarding 'Externally Orientated Thinking (E.O.T.)', the main effect was statistically significant, $F(1, 429) = 4.29$, $p < .05$. Comparisons with Scheffe's test indicated that there are differences between the group of 22-25 ($M = 2.15$, $SD = .06$, $p < .05$) and the group of 15-18 ($M = 2.35$, $SD = .03$)

Table 12
Differences among age groups on Toronto Alexithymia Scale (TAS-20)

Factors of TAS-20	Age's Groups			F (<i>d.f.</i> = 1, 429)
	15-18 Mean	19-21 Mean	22-25 Mean	
D.I.F.	2,55	2,69	2,25	4,69**
D.D.F.	2,79	2,69	2,40	5,47*
E.O.T.	2,34	2,23	2,15	4,29*
Total	2,53	2,47	2,25	8,11***

Note. * $p < .05$; ** $p < .01$; *** $p < .001$

3.4. Regression

After performing several multiple linear regressions, no statistical relationships were revealed or they were very low. Only one result appeared to be of statistical significance. In Table 3.6 (see above), the significant correlation between ‘Intergeneration Fusion’ and ‘Difficulty Identifying Feelings’ was presented. As shown, greater fusion with family members, measured by PAFS-Q’s subscale, was significantly associated with less ability in identifying feelings ($r = -.35, p < .01$). Next, a stepwise multiple linear regression analysis was conducted using three predictors – PAFS total, gender and D.I.F. – and a single criterion variable – EAT-total mean. Results were significant, $F(3,445) = 15,51, p < .001, R = .31, R^2 = .09, \text{adjusted } R^2 = .08$, indicating that greater difficulty identifying feelings, gender (being a female) and a total mean of PAFS, predicted more a disturbed eating behaviour. Results are shown in Table 13, including regression coefficients and standards errors for independent variables.

Table 13
Stepwise Regression Analysis for Variables predicting EAT-total (N =449)

Predictor Variable	<i>BSE</i>	<i>B</i>	<i>BE</i>	<i>t</i>
Gender	.11	.03	.15	5.15**
PAFS-Q total	-.14	.04	-.17	-3.72***
D.I.F.	.07	.02	.17	3.68***

Note. $R^2 = .09$.

** $p < .01$; *** $p < .001$

4. Discussion

The aim of this study was to examine the phenomenon of eating disorders in relation to alexithymia and attachment bonds, in a sample of Greek students, as well as the possible contribution of the family dynamics to the development of alexithymic tendency in the sample.

As for demographic differences, we found that females exhibit a greater disturbance on eating attitudes, especially as far as the worry about dieting is concerned. This finding is consisted with other studies which show that women are more liable than men in developing both anorexia nervosa and bulimia, which usually appear for the first time during late adolescence (e.g. Lewinsohn, Striegel-Moore, & Seely, 2000; Weltzin et al., 2005; Kiang & Harter, 2006). We also found some interesting age differences regarding alexithymia; more specifically, the results showed that people in the age group of 22-25 can distinguish more efficiently their emotional stages and are able to understand better their feelings but are less capable to express them to others, when compared to the age group of 15-18. This may mean that as people getting older, they become more reluctant to reveal their feelings, possibly due an increased fear of exposure or level of

distrust to other people. Of course, this finding requires further investigation in order to better understand its function.

However, our findings partially support our hypotheses; indeed, we found that individuals with a tendency to anorexic and bulimic symptoms and generally to a more disturbed eating attitude have a greater difficulty in identifying their feelings (although the relationships were moderate). This finding has been widely stressed in the literature. In a similar study using the same instruments with our study (TAS-20 and EAT-26) with undergraduate students, Kiyotaki and Yokohama (2006) found that Difficulty Identifying Feelings had direct relations with all aspects of eating disturbances. Additionally, Quinton and Wagner (2005) showed relationships between bulimia and difficulty in identifying feelings in female undergraduate students. Taylor et al., (1991) has reported higher rates of alexithymia in a sample of anorexic women. As presented earlier, research has shown that both individuals with anorexia and bulimia seem to exhibit inadequate understanding of their emotions (De Zwaan et al., 1996; Troop et al., 1995; Zonneville-Bender et al., 2004). However, it is suggested by some researchers that anorexics show higher difficulty compared to bulimics (Speranza et al., 2003; Quinton & Wagner, 2005). For example, Bruch (1985) has reported in the past that anorexic patients had impaired differentiation between hunger and satiety, and that they were scarcely able to differentiate their physical sensations from their intimate emotions.

This was confirmed also in our study, as the correlation of DIF was stronger with the 'Dieting' factor of the EAT-26 compared to the 'Bulimia-food preoccupation' factor (see Table 7).

Our next hypothesis was that participants with dysfunctional familial bonds would exhibit a higher tendency for disturbed eating attitudes. Again, this was true in the case of intergeneration fusion (INFUS), as it was negatively correlated with Dieting, Bulimia and food Preoccupation and the total EAT-26 scale. This finding implies that, for example, unclear boundaries between the young adults and their family members, an inability to function in intimate relationships without being controlled by others, and a greater difficulty in achieving individuation (all aspects of INFUS), may lead to higher anorexic and bulimic tendencies. This finding confirms previous findings which show that individuals with eating disorders perceive their families as less cohesive, less emotionally expressive, more conflictive, less independent and more controlling in comparison with a normative sample of normal families (Claus et al., 2004).

Similarly, it has been found that mothers of daughters with bulimia or with symptoms of eating disorders are often critical of their daughters' weight and physical attractiveness (Pike & Rodin, 1991). At this point, we could argue that the aspects of the INFUS factor are especially compatible with the typical Greek family, which seems to exhibit a tendency for over-involvement, over-protection and often conflicting rearing practices. Ruggiero (2003) has talked about traditional Mediterranean parenting in relation to the development of eating disorders. She suggests that traditional Mediterranean parents seek to control and direct the child – either boy or girl - and the child has to accept their authority. We may assume then that food may become the sole area in which the developing person feels that he/she has the total and unrestricted control in his/her life.

The correlations among factors of PAFS-Q and TAS-20 showed that Intergenerational Fusion was negatively correlated especially with the 'Difficulty Identifying Feelings', but also with the 'Difficulty Describing Feelings' and the TAS-total, indicating that the family environment just described may be contributing to the development of an inability for introspection and emotional expression. Of course, this finding requires further investigation, possibly using a different methodological approach.

The regression analysis revealed a model in which greater difficulty identifying feelings, being a female and a total mean of PAFS-Q, predicted more a disturbed eating behaviour. Although the variance explained by the model was low ($R^2 = .09$), this pattern may offer possible insights regarding the relationship among family bonds, alexithymia and development of disturbed eating attitudes. More specifically, it seems that a dysfunctional family environment, where members tend to become over-involved in others' lives or influence/control their actions (often typical within Greek culture), impede young adults' ability for identifying and expressing their feelings (as it may seem either painful or threatening for the system's 'stability' to do so), which results in the development of eating disturbances as a means of gaining back the control over their lives or expressing repressed and tacit feelings. Indeed, other researchers have reported that a negative, conflictual atmosphere within the family and a low level of cohesion characterize families with a daughter with an eating disorder (Benninghoven, Schneider, Strack, Reich, & Cierpka, 2003)

This assertion conceptualizes alexithymia as based on a deficit on the parenting procedures, also suggested by several authors (Corcos, Guilbaud, Speranza, Stephan, & Jeammet, 1998; Fukunishi, 1998). Previous research examining the family environment of eating disordered young women (Espina, 2003) found that the mothers of daughters with eating disorders were more alexithymic than the mothers of daughters from the group without pathology. They were less able to distinguish emotions and their families were more conflictive. Onnis & Di Genaro (1987) stated that alexithymia, more than an individual problem, is the symptom of a family that avoids conflict and emotional tensions. These authors suggested that the difficulties in expressing emotional experiences verbally are due to the blockade of emotions in these families in order to avoid conflicts and maintain a "myth of harmony". More recently, Benninghoven, Tetsch, Kunzendorf, & Jantschek (2007) found that a controlling family environment with negative communication styles and negative emotional expression and involvement, together with discrepancies on values and norms within the family, might be a risk factor for the development of body image- and eating related problems.

Limitations

There are several limitations in the present study. The sample size was relatively small for this type of investigation and therefore findings may not generalize to the larger population. Future studies should thus involve larger and more representative samples, including clinical population. A second limitation is the use of self-administered measures of the variables examined, especially family bonds. Self-report measures raise questions about memory recall and accuracy of response based on personal bias. Future research should consider utilizing additional measures, such as interview format.

Furthermore, because the data in this study reflect correlational associations, the causal relationship among the variables examined cannot be determined. For example, the finding that a dysfunctional family system exhibits less ability for identifying and expressing feelings may be the result of other variables not examined in this study, such as a psychological disorder of another family member, a traumatic experience or a general maladjustment of the individual.

Implications for Counselling

However, our findings have some importance for the counselling practice with students that present with a disturbed eating attitude. In the counselling/therapeutic practice, alexithymia provides very useful information for treating eating disordered clients, especially within a university counselling centre setting. Thus, measurement of the degree of alexithymia may help to determine more specifically the type of psychotherapeutic intervention to be adopted. For example, those clients with greater degrees of alexithymia may be less able to identify feelings and more likely to channel them into bodily sensations such as body image distortion. Those clients with higher levels of alexithymia may be more suitable for cognitive behavioural interventions (Kalantzi - Azizi, Karademas, & Sotiropoulou, 2001). Additionally, Swiller (1988) has suggested that highly alexithymic individuals may also benefit from group therapy as well. In group therapy, the client can practice expressing affect in a supportive environment; this alternative is very essential, as the seemingly large number of university students in need of professional help and the shortage of counselling staff almost necessitate group-based programs. Besides, it has been suggested that group counselling is especially effective for the student population (Türküm, 2007), even when combined with the aforementioned therapeutic modality, that is cognitive behavioral model. Furthermore, assessing family interactions with the aim of helping individuals to reduce perceived parental protectiveness is another important element that student counsellors should have in mind when confronted with an eating disturbed individual; it is believed that this may also reduce the conflict over control that appears to be important in the development of eating psychopathology.

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ATTENTION DEFICIT DISORDER (ADD) SYMPTOMS, TEMPERAMENT TRAITS AND STUDY ABILITIES AMONG STUDENTS

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Abstract

Attention Deficit/ Hyperactivity Disorder is a common disorder diagnosed in childhood. Children with AD/HD should display symptoms before the age of 7 and at least in two different settings (APA, 1994). 50-70% of children with AD/HD, maintain symptoms into adulthood, especially inattention and impulsivity (Barkley, 1998). Prevalence rates of adult AD/HD are estimated at around 4% (Nutt et al., 2007). Epidemiological and clinical studies have found that 88% of adults with AD/HD will display another Axis I or Axis II disorder (Brown, 2005). Genetics and neurobiological factors are considered the main etiological factors of the disorder, and there is a great body of research trying to connect the disorder with temperament and personality traits. 4-11% of students display symptoms of AD/HD (Heiligenstein et al., 1998), with men – women ratios between 1,8:1 and 2,6:1 (Murphy & Barkley, 1996). Among the most common difficulties with which students with AD/HD should cope, are the adjustment at the University and the low academic achievement. The objective of this study is to estimate the rates of symptoms of inattention and hyperactivity among students and try to connect the disorder with temperament characteristics described by Strelau in the Pavlovian Temperament Survey, as well as with study abilities and academic achievement. The sample was consisted of 933 students in Institutions of Higher Education in Athens, Greece (Mean age = 21,2). Three AD/HD screening instruments (Wender Utah Rating Scale, Jasper/ Goldberg Adult ADD Screening Examination (ADDAT), Instrumente zur Diagnose der Adulten ADHS (IDAA), the Pavlovian Temperament Survey, and the Test Concerning Abilities for Study and Examinations (TASTE) were administered. Gender mean differences were assessed in relation to AD/HD symptoms, temperament and study abilities. Moreover, the correlations between AD/HD symptoms, temperament and study abilities were assessed. Findings of the present research are detailed discussed and suggestions for further research are made.

Keywords: Attention Deficit/ Hyperactivity Disorder; temperament; study abilities; students; gender.

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1. Introduction

1.1. Attention Deficit/ Hyperactivity Disorder

Attention Deficit Hyperactivity Disorder (AD/HD) is a common disorder of childhood onset, characterized by problems with concentration, impulse control and overactivity; the child should display those symptoms before the age of 7 and in two at least different settings (APA, 1994). The Diagnostic and Statistical Manual of Mental Disorders, fourth Edition (DSM-IV; APA, 1994) refers three subtypes: inattentive, hyperactive – impulsive and combined type. Prevalence rates of childhood AD/HD, based on clinical populations, range from 3 to 5% (APA, 1994), while other epidemiological studies claim prevalence rates ranging from 9 to 20% (Paul et al., 2000). The rates reported may vary according to the definition of diagnostic criteria, the diagnostic instruments used and the sample (size, selection criteria, nationality) (Barkley, 1998; Cantwell, 1996). The ratios of male-female representation vary among studies, but males always outnumber females (ratios between 1,5:1 and 12:1). According to many researchers, those ratios are biased due to underdiagnosis of AD/HD in females, considering girls with AD/HD a “silent minority” (Brasset-Harknett & Butler, 2007).

Because of the overactivity and the poor self-regulation strategies, children with AD/HD display a variety of difficulties in their daily life (Barkley 2003), such as: reading and writing, effective communication and relationships with peers and significant others, as well as defiant behaviour. Adolescents with AD/HD are expected to display difficulties with time management, academic achievement, relationship with peers and partner, smoking, substance use and inattentive driving. Childhood AD/HD exhibits the highest prevalence rates with comorbidity disorders, reaching between 50% and 80% (Biederman, Faraone, Keenan, Steingard, & Tsuang, 1991). Most common comorbid disorders are conduct disorders (20%) and oppositional defiant disorder (40%; Nutt et al., 2007). In adolescents the comorbid rates of AD/HD with conduct and oppositional defiant disorder reach 80% (Hill, 2005).

AD/HD is associated with a variety of problems and difficulties among adolescence and adulthood, since it is estimated, that 2/3 of children with AD/HD maintain those symptoms through adulthood. Prevalence rates of AD/HD among adolescents and adults vary, according to the definition of diagnostic criteria, the diagnostic instruments used and the sample (size and recruitment strategies) (Brasset-Harknett & Butler, 2007). It is estimated that 50-70% of children diagnosed with AD/HD display as adolescents and adults problems related to social function and adjustment as well as other psychiatric conditions (Cantwell, 1996). The findings of epidemiological studies propose prevalence rates around 4%, while, according to Barkley (1998) the prevalence rate is 4,7%.

It is argued that some symptoms change in relation to intensity and quality, while others remain the same but are displayed differently, due to different conditions with witch adults with AD/HD should cope (Weiss, Hechtman, & Weiss, 1999; Weiss & Hechtman, 1993); hyperactivity decreases, impulsivity remains rather stable and inattention persists. According to Hechtman (1992) there are three different outcomes of adult AD/HD a) rather normal outcome, b) persistent problems of distraction and impulse control, as well as social and emotional difficulties, c) serious psychiatric or

social psychopathology. Common factors which can influence the adult outcome of the disorder are: childhood characteristics (general health, temperament, intelligence, social and coping skills, low vulnerability levels, high self-esteem) and family components (sociodemographic factors, emotional and psychological features, family structure, wide social and natural environment) (White, 1999).

There are four common features of adult AD/HD: inattention, impulsivity, distraction and hyperactivity (Resnick, 2000). Common is also emotional lability, anger and explosive behaviour; other difficulties include emotional difficulties and difficulties with social skills, problems in social contacts and partner relationships, work, military service, leisure time and activities, smoking and substance use, low self-esteem, antisocial behaviour, academic underachievement, problems driving and more road traffic accidents (Braslett-Harknett & Butler, 2007; Brown, 2005).

The etiology of AD/HD is heterogeneous and multifactor, highlighting the neurobiological aspect (low levels of neurotransmitters dopamine and norepinephrine (National Institute of Mental Health (NIMH), 1999); low glucose metabolic rate (Zemetkin et al., 1990); differences in the morphology of the brain (Barkley, 2002)) and genetic factors (heritability estimates range from 0.50 to 0.98, concordance rates in monozygotic twins are in the range between 0.80 and 0.98 (Braslett-Harknett & Butler, 2007); specific genes are found to be linked to the disorder (Faraone & Khan, 2006). Other important predictors are: low IQ, low socioeconomic background, mental health problems in the family and family conflict, marital discord, family psychosocial problems, as well as specific risk factors: maternal smoking and substance use during pregnancy, low birth weight, preterm birth (Braslett-Harknett & Butler, 2007). The “dynamic developmental theory of attention deficit/ hyperactivity disorder” (Sagvolden, Aase, Johansen, & Russell, 2005) proposes an interesting and actual model which can predict the adjustment and maladjustment behaviours that are linked to the basic symptoms of the disorder, in interaction with medication, parental factors and social influence.

Diagnosis of adult AD/HD is still a field of discordance among clinicians. Due to series of difficulties diagnosing adult AD/HD, such as the need for a lower cut off score for the diagnosis (Heiligenstein, Conyers, Berns, & Smith, 1998; Nutt et al., 2007), as well as the absence of symptoms with which adults with AD/HD should cope in the diagnostic manuals DSM-IV and ICD 10 (e.g. constant subjective sense of failure, difficulties with time management, problems in relationships to others), many researchers have proposed diagnostic criteria, other or similar to those which are proposed by DSM-IV and ICD 10. Most common in literature are the criteria proposed by Wender (1995) and Hallowell and Ratey (1994). The British Association for Psychopharmacology (BAP; Nutt et al., 2007), proposes an extended adult ADD symptom checklist, which is presented in the following Table.

Adult ADD displays high comorbidity rates. It is estimated that 88% of adults diagnosed with ADD are going to display at some point in their life at least one comorbid disorder. ADD is a common disorder among populations with substance use disorder, depression and anxiety disorder; 45% of individuals with ADD are estimated to display a mood disorder, 59% anxiety disorder, 35% substance use disorder and 69% an impulse control disorder (Brown, 2005).

Assessment and diagnosis of the disorder should include valid and reliable developmental record and record of present difficulties, as well as use of instruments which are going to increase the validity of the possible diagnosis (e.g. psychometric instruments, screening tests and questionnaires) (Resnick, 2000).

For ADD there is no healing. The objective of the intervention is to help individuals understand and better cope with the symptoms of the disorder, as well as modify their environment, in order to succeed a better adjustment (Resnick, 2000). Most common interventions for adult ADD include (Resnick, 2000): Psychoeducation and information to significant others, medication (mainly stimulants and antidepressants), environment and life style modification, psychotherapy, bibliotherapy/ self help books, self-help groups.

Table 1
Adult ADD symptom checklist (BAP; Nutt et al., 2007)

1. Lack of attention to detail or carelessness
2. Inattention in tasks or activities the patient finds tedious
3. Difficulty listening
4. Failure to follow instructions
5. Starting many tasks while having difficulty finishing them
6. Poor organizing skills
7. Avoidance of, dislike of, or inability to expend sustained mental effort
8. Loosing or misplacing things
9. Ready distractibility
10. Forgetfulness
11. Fidgeting
12. Restlessness or inability to sit still in low-stimulation situations
13. Inappropriate or excessive activity or an internal feeling of restlessness or edginess
14. Difficulty keeping quit; talking out of turn
15. Unfocused mental activity; difficulty turning thoughts off
16. Blurting out responses; poor social timing in dialogue
17. Trouble waiting if there is nothing to do
18. Interrupting or intruding on others
19. Irritability, impatience or frustration
20. Affective lability or hot temper
21. Stress intolerance
22. Impulsivity or risk-taking in activities

1.1.1. ADD among students

In literature it is referred that 12% of children with AD/HD can manage to end school and get accepted at the university (Weyandt, Linterman, & Rice, 1995). Prevalence rates of ADD among students are estimated around 7% (Weyandt et al., 1995), while other researchers report rates between 4% and 11%; the majority of students with ADD display symptoms of the predominantly inattentive type (56%) rather than impulsive/ hyperactive and combined type (22% and over) (Heiligenstein et al., 1998). DuPaul et al. (2001) in their cross-cultural study with 1209 students from three countries (USA, Italy and New Zealand) emphasize the role of cultural context for the diagnosis of the disorder.

Entering adulthood and at the same time being admitted at the University, students have to be successfully adjusted to new contexts and cope with new difficulties, such as, detachment from parents and family, change of residence and neighborhood, change of educational context and transition to a less structured and more demanding context, loss of friends and need for establishing new relationships. Most common academic difficulties ADD students have to cope with are the following:

- Deficits in attention processes and impulse control, which persist since childhood (Weyandt et al., 1995).
- Deficits in sustained attention, which leads to low academic performance and intense stress related to the difficulties in coping with academic pressure and demands (Greydanus, Pratt, & Patel, 2007).
- Impaired function in variables associated with academic performance: lower grade point average, danger of giving up studies, more academic difficulties (Heiligenstein et al., 1999).

1.2. Temperament

Temperament is considered as the core element of personality, which is mainly genetically predisposed. Temperament is inherited and relative stable across lifespan. Moreover is connected to the function of specific brain areas (e.g. amygdala, hypothalamus, striatum and other areas of the limbic system) (Lynn et al., 2005).

In literature there are different instruments proposed for the assessment of temperament, which are linked to specific theories about temperament and its core traits. Strelau (1983) has developed a questionnaire with 150 items, according to laboratory findings on central nervous system traits. There are three dimensions of temperament proposed (Strelau, 1983; Kalantzi-Azizi, Christakopoulos, Mylonas, Angleitner, & Strelau, 1996):

- Strength of Excitation (SE): describes the capability of individuals to pertain high stimulation without displaying protective inhibition, the execution of tasks under pressure without getting tired, satisfactory reactions under emotional pressure, as well as preference for rather risky activities. This factor includes seven main components.
- Strength of inhibition (SI): describes the capability of sustaining a condition of operant inhibition, such as extinction, delay or differentiation. Individuals do not display or inhibit behaviours when these are considered inappropriate in a context, can manage the inhibition of an activity when this is necessary and can stand the

delay of fulfilling own wishes and needs. This factor includes five main components.

- Mobility of nervous processes (MO): describes the capability of the central nervous system to react appropriate in standing environmental changes. Individuals can adjust themselves in environmental changes or in new environments, as well as switch easy of activities and tasks. This factor includes five main components.
- Balance: is a secondary factor in the questionnaire, as a result of the ratio excitation : inhibition.

Temperament is associated with personality traits biologically determined. Those traits interact with environmental as well as sociodemographic variables (e.g. gender, age, educational background) and can lead to the formulation of personality traits, although research findings in this area are still inconsistent (Mendlowicz et al., 2000). Specific temperament traits are associated with specific brain areas (Bond, 2001) and areas (especially the limbic system, the right dorsolateral as well as the frontal cortex, which are associated with emotional expression and behaviour inhibition) that are involved in the emergence of specific psychopathology entities (Whittle, Allen, Lubman, & Yucel, 2006). The association between temperament and psychopathology is supported by most researchers, proposing a continuum for the temperament traits and the specific psychopathology, where more intense temperament traits are core –but not the only- prerequisite for the display of specific psychopathological features (Rettew, Doyle, Kwan, Stanger, & Hudziak, 2006). There is an aetiological relationship between temperament and psychopathology, where temperament can either increase the possibility that psychopathology emerges, or influence the course and the severity of the disorder. On the other hand, psychopathology can influence temperament traits either temporarily or permanently. There are models which argue that temperament and psychopathology underlie the same processes and that psychopathology is the extreme expression of temperament traits. Research findings support all three hypotheses (Whittle et al., 2006). In their review, Mendlowicz et al. (2000), summarize the literature findings which are trying to relate temperament and personality traits with specific psychiatric disorders, such as mood, anxiety, eating and substance use disorders.

1.3. The Relationship Between Temperament and Attention Deficit Disorder

There are only few researches which are studying the relationship between ADD and Temperament. In his review, White (1999) concludes that specific temperament variables, such as high activity levels and low impulse control levels are directly linked to ADD. Moreover, a less strong relationship has been found between ADD and personality traits (Neuroticism, higher levels of Extraversion, higher levels of Openness and lower levels of Conscientiousness). Similar findings report also Martel & Nigg (2006), Nigg, Goldsmith and Sachek (2004) and Downey, Stelson, Pomerleau and Giordani (1997).

Although there are some studies examining the relationship between temperament traits and ADD, there are no researches referred, which are trying to explore the link between ADD and temperament described by Strelau and the Pavlovian Temperament Survey.

1.4. Study Abilities And Exam Stress Among Students

Exam stress describes the negative emotions that students display when they are about to sit for an examination. It is defined as the stress, tension, anxiety and discomfort before or during an examination; as a result, the student cannot concentrate, think and plan properly, in order to perform according to his/her potential (Sam Houston State University-Counselling Center, 2002).

Examinations are regarded by enough students as threatening conditions, which leads on the one hand to study difficulties and academic underachievement, and to the other hand to mental health problems, such as high levels of generalized anxiety, depression, discomfort and dysphoria, low self esteem and frequent use of medication (especially tranquilizer, sleeping pills and stimulants); at the same time, students with higher exam stress levels evaluate rather negative their potential and their capabilities of studying and performing sufficient (Kalantzi-Azizi & Karademas, 1997; Depreeuw, 1984).

In academic underachievement can also lead the study procrastination, which is defined by a systematic procrastination of the students' obligations, although students realize that this procrastination can have severe and negative outcomes in multiple levels (Depreeuw, 1984). 25-40% of students are going to display study procrastination at least once during their studies (Rothblum, Solomon, & Murakami, 1986, in Kalantzi-Azizi & Karademas, 1997). Procrastination is linked to specific factors, such as breeding, temperament and personality traits, absence of self-discipline, and poor organization skills. Procrastination can work in the context of a vicious circle, where academic underachievement leads to less effort, which leads to procrastination; procrastination finally leads to, and prolongs, academic underachievement (Kalantzi-Azizi & Karademas, 1997).

Depreeuw (1996) relates study procrastination to further difficulties and problems, such as depression, conflict with significant others –especially family and partner - health problems, low self-esteem and increase of stress levels. Extended study procrastination is related to academic underachievement, failure and – at the end - interruption and termination of studies.

Exam stress is studied in Greece by Kalantzi-Azizi & Karademas (1997), who report that exam stress peaks in first-year, third-year and graduand students, while study procrastination display mainly the graduand students. Females display higher stress levels and lower self-esteem concerning their capabilities in relation to males. Vlachou (2003) has studied the effect of the attention deficit - evaluated with the questionnaire Jasper Goldberg Adult ADD Screening Examination (Jasper & Goldberg, 1995) in students' study abilities and exam stress; she reported that distraction is associated with study procrastination and exam stress among students. Through the literature review there were no studies reported, examining the effect of the temperament in study abilities and exam stress among students.

1.5. Aims Of The Present Study

This study aims to answer the following research questions: a) rates of students who display symptoms of attention deficit and hyperactivity, according to ADD self-repost scales; b) the gender effect on inattention and hyperactivity, temperament and students'

study abilities; c) examine the relationship between ADD symptoms, temperament and students' study abilities.

2. Method

2.1. Participants

The sample of the present study consisted of 933 students of Universities and Colleges in Athens, Greece, 67% females and 33% males. Mean age was 21 years ($SD=2,2$). The majority of students were in the second (34%) and third year (23%) of studies. 32% were students in the School of Philosophy, 12% in the exact sciences, 10,5% in economic and management schools, 12,5% in College, 14,5% in medical school, and 18% in other schools of pure sciences (e.g. law-school, Pedagogic, Theology).

The sample of the present study is symptomatic. Although researchers tried to equally include students from all Schools of the Universities and Colleges of Athens, the access to students beyond the School of Philosophy and other schools of pure sciences was limited. According to research deontology, all subjects were informed in written that the personal data and all information given would remain confidential.

2.2. Measures

For the purposes of the present study, participants were called to fill in 5 self-administered questionnaires and a page for demographic variables. The instruments administered were the following:

I) Demographic variables.

II) Questionnaires of ADD screening: In Greece there are no Attention Deficit Disorder - Screening Instruments. From the international literature we selected three instruments, which were adjusted - but not standardized - in Greek. Those self-report questionnaires are the following:

III) The Wender Utah Rating Scale (Ward, Wender, & Reimherr, 1993; Wender, 1995). It is a 61 item scale scored in a 5-point Likert Scale (0 = not at all/ slightly, 1 = moderately, 2 = midly, 3 = quite a bit, 4 = very much). The internal consistency is high (Cronbach $\alpha = 0.95$), and three factors have been extracted, that accounted for the 59,4% of the variance (dysthymia ($\alpha = 0.91$), oppositional/ defiant behaviour ($\alpha = 0.90$) and school problems ($\alpha = 0.87$). Authors propose a cut-off score of 46 and higher, which correctly identified 86% of the patients with AD/HD and 99% of the "normal" subjects. The questionnaire was translated and back-translated, internal consistency of the instrument for Greek population is relatively high ($\alpha = 0.88$ for 61 items and $N=469$). The cut-off score was the same as in the original version (46), since this score was 1,5 standard deviation above the mean for our sample.

IV) The Jasper/ Goldberg Adult ADD Screening Examination (ADDAT) (Jasper & Goldberg, 1995) - already adjusted in Greek sample of students (Vlachou, 2003). This was the only ADD questionnaire adjusted in Greek sample of students. It is consisted by 24 items, according to the DSM-IV criteria for diagnosis of AD/HD. Items are scored in a 6-point Likert scale (0 = not at all, 1 = just a little, 2 somewhat, 3 = moderately, 4

= quite a lot, 5 = very much). Cut-off score of 70 and higher is proposed by the authors of the original version as well as by Vlachou. Internal consistency is high ($\alpha = 0,898$). In our research Cronbach α was 0.892 for 24 items, and $N = 833$. The cut-off score was the same as in the original version (70), since this score was 1,5 standard deviation above the mean.

V) The IDAA: Instrumente zur Diagnose der Adulten ADHS (Roesler, Retz, Thome, Schneider, Stieglitz, & Falkai, 2003). This instrument was created and standardized in Germany. It is a screening self-administered instrument for ADD symptoms among adults. It consists of 22 items scored in a 4-point Likert scale (0 = never, 1 = rarely, 2 = often, 3 = almost always). The internal consistency of the questionnaire is high ($\alpha = 0.87$), and there are three factors extracted: distraction ($\alpha = 0.84$), hyperactivity ($\alpha = 0.82$) and impulsivity ($\alpha = 0.75$). Cut-off score of 15 and higher is proposed by the authors of the original version, (sensitivity 77% and specificity 75%). The questionnaire was translated and back-translated, internal consistency of the instrument for Greek population is relatively high ($\alpha = 0.89$ for 22 items and $N = 852$). The cut-off score (30 and over) for our sample was different as compared to the original version, since this score was 1,5 standard deviation above the mean for our sample.

VI) The Pavlovian Temperament Survey (PTS) (Strelau, 1983; Kalantzi-Azizi et al., 1996). This instrument is already standardized in Greece. It consists of 60 items scored in a 4-point Likert scale (totally disagree, rather disagree, rather agree, totally agree). The 60 items include the three basic dimensions of temperament: strength of excitation (SE) - 20 items, strength of inhibition (SI) - 20 items and mobility of nervous processes (MO) - 20 items. Cronbach α for the three factors for the Greek sample is high (SE: $\alpha = 0,86$ _ SI: $\alpha = 0,80$ _ MO: $\alpha = 0,88$).

Test Concerning Abilities for Study and Examinations (TASTE) (Depreeuw, Eelen, & Stroobants, 1990; Kalantzi-Azizi & Karademas, 1997). This questionnaire was developed in Belgium and adjusted in Greece by Kalantzi-Azizi & Karademas (1997). It consists of 56 items scored in a 5-point Likert scale (0 = never, 1 = rarely, 2 = some times, 3 = often, 4 = always). Internal consistency is high and there are 5 factors extracted, that accounted for the 32% of the variance. Those factors are:

- Stress and psychosomatic symptoms (16 items, $\alpha=0.86$): physiological and psychological symptoms that students display when they are confronted with examinations or other relative tests.
- Avoidance of studying (11 items, $\alpha = 0,86$): describes study procrastination, inattentiveness and daydreaming, as reactions before and during examinations; this factor assesses the students' predisposition to procrastination.
- Negative evaluation of the study abilities (11 items, $\alpha = 0,77$): assesses the way students think about their capability to perform satisfactorily in an exam.
- Evaluation of studies (12 items, $\alpha = 0,70$): assesses the way students evaluate their studies, as well as their attitudes towards failure, and their motivation to succeed.
- Devotion in studying (6 items, $\alpha = 0,65$): this factor was extracted only for the Greek sample, and describes a clear motivation for achievement and the social desirable attitudes towards "good" and "successful" students.

2.3. Procedure

The research was conducted from April to June 2006. The questionnaires were administered to students of Institutions of higher education in Athens by psychology students, who were trained to questionnaire administration procedures by the researchers during the Spring Semester 2005/2006. Each student was committed to administer the questionnaires to 10 individuals. Researchers tried to include as many schools and departments as possible, depending also on the students' availability and ease.

Questionnaires were filled either individually or in groups, in amphitheaters or in halls, before or after a lecture, in the presence of the student who administered them. The students who administered the questionnaires were instructed not to interfere and explain items during the administration. The administration of the questionnaires lasted 30-35 minutes. In order to control possible administration effects, the sets of questionnaires administered were different to each other.

3. Results²

3.1. Description of the sample in relation to ADD, PTS, and TASTE

Table 2 presents the means and standard deviations of the sample for the three ADD questionnaires (Wender Utah Rating Scale – WURS, Jasper/ Goldberg Adult ADD Screening Examination – ADDAT, and Instrumente zur Diagnose der Adulten ADHS - IDAA), and the factors of the PTS and the TASTE.

Table 2
Means, Standard Deviations, Minimum and Maximum for the Sample (N = 933)
Concerning the Score in ADD, PTS and TASTE Questionnaires

	Mean	SD	Minimum	Maximum
Wender Utah (WURS)	1,04	0,35	0,33	2,25
Jasper/ Goldberg (ADDAT)	1,76	0,73	0,17	4,50
IDAA	1,03	0,42	0,0	2,22
PTS: Strength of Excitation (SE)	1,34	0,38	0,25	2,65
PTS: Strength of Inhibition (SI)	1,71	0,34	0,55	2,65
PTS: Mobility of Nervous Processes (MO)	1,73	0,29	0,95	2,65
TASTE: stress/ psychosomatic symptoms	1,77	0,60	0,13	3,63
TASTE: avoidance of studying	1,92	0,66	0,18	3,91
TASTE: negative evaluation of study abilities	1,79	0,47	0,09	3,18
TASTE: evaluation of studies	2,20	0,57	0,33	4,33
TASTE: devotion in studying	1,84	0,66	0,00	4,50

2. Only significant results are presented in this chapter. For further results, please contact the authors.

3.1.1. Symptoms of distraction and hyperactivity among students

Students of our sample display –according to the three ADD questionnaires– rather low levels of distraction (means are referred to the label “rarely”). In order to assess the rates of students who display rather high and significant symptoms of distraction, we used the cut-off scores of the three questionnaires. The cut-off score for WURS (46) and ADDAT (70) are the same as in the original versions and the cut-off score for IDDA is adapted for the Greek sample in 30 and over. All three cut-off scores are 1,5 standard deviation above the mean for our sample.

Rates of students who score over the cut-off score in the three questionnaires are presented in Table 3. Those rates reach between 6,4% and 10,3%, while rates given by ADDAT and IDDA are very close to each other (6,4% and 6,6%).

Table 3
Relative Frequencies of Students Scored Above and Below Cut-off
in the ADD Questionnaires

	Mean	SD	Cut-off score	Above cut-off	Under cut-off
WURS	28,04	12,64	46	10,3%	89,7%
Jasper/ Goldberg	42,18	17,58	70	6,6%	93,4%
IDAA	18,54	7,47	30	6,4%	93,6%

3.2. Gender Differences In Relation To ADD, PTS And TASTE

In order to examine the mean differences of the two genders in relation to their score in the five questionnaires, as well as their academic performance, the t-test for two independent samples was used. The Levene test for homogeneous subsets was also used and was found statistically insignificant for all comparisons, which means that the two comparison groups are homogeneous. Table 4 presents only the significant mean differences.

3.2.1. Mean gender differences in relation to ADD symptoms

Significant mean differences (significance level 1%) have been found only in WURS ($t(462) = 2,66, p < 0,01$). Men (Mean = 1,22) tend to display symptoms of distraction and hyperactivity more frequently and more intense than women (Mean = 1,03). No significant differences have been found in the two other questionnaires.

3.2.2. Mean gender differences in relation to the three factors of PTS

Significant mean differences (significance level 1%) have been found for the factor “Strength of Excitation” ($t(861) = 7,16, p < 0,001$) and the factor “Mobility of Nervous Processes” (significance level 5%), ($t(841) = 2,40, p < 0,05$). Men (Mean = 1,48) display higher levels of strength of excitation in comparison to women (Mean = 1,28), as well as higher levels of mobility of nervous processes (Mean_{men} = 1,77; Mean_{women} = 1,72). No significant differences have been found for the factor “Strength of Inhibition”.

3.2.3. Mean gender differences in relation to the five factors of TASTE

Women (Mean = 1,89) report significantly (significance level 1%) more stress and psychosomatic symptoms related to their studies than men (Mean = 1,51), ($t(868) = 9,24, p < 0,001$). Moreover, women (Mean = 1,83) evaluate significant (significance level 1%) more negative their study abilities than men (Mean = 1,70), ($t(873) = 3,83, p < 0,001$). Significant mean differences (significance level 1%) have also been found for the factor evaluation of studies ($t(860) = 6,07, p < 0,001$), where women (Mean = 2,28) evaluate their studies more positively than men (M.O. = 2,04). Women's mean in the factor devotion in studying (Mean = 1,89) is also significant higher (significance level 1%) than that of men (Mean = 1,75), ($t(883) = 2,90, p < 0,01$). No significant differences have been found in the factor "avoidance of studying".

3.2.4. Mean gender differences in relation to academic performance

Significant mean differences (significance level 1%) have been found for the grade point average of last semester ($t(290) = 4,04, p < 0,0001$), whereby women reported a higher GPA (Mean = 7,2/10) than men (Mean = 6,7/10). Significant mean differences (significance level 1%) have also been found for the courses passed during last semester ($t(720) = 3,49, p < 0,001$), whereby women reported more courses passed (Mean = 4,8) than men (Mean = 4,0).

Table 4
Gender Differences in the Three ADD Questionnaires, PTS, TASTE, and Last Semester Academic Achievement

	Gender	Mean	SD	t - scores	df	p																																																																												
WURS	Males	1,22	0,38	2,66	462	,008																																																																												
	Females	1,03	0,35				PTS: SE	Males	1,48	0,38	7,16	861	,000	Females	1,28	0,37	PTS: MO	Males	1,77	0,29	2,40	841	,017	Females	1,72	0,30	TASTE: stress/ psychosomatic symp.	Males	1,51	0,56	-9,24	868	,000	Females	1,89	0,58	TASTE: negative evaluation of studyabilities	Males	1,70	0,45	-3,83	873	,000	Females	1,83	0,48	TASTE: evaluation of studies	Males	2,04	0,57	-6,07	860	,000	Females	2,28	0,55	TASTE: devotion in studying	Males	1,75	0,62	-2,90	833	,004	Females	1,89	0,68	GPA last semester	Males	6,71	1,43	-4,037	290	,000	Females	7,19	1,12	Courses passed	Males	4,02	2,22	-3,486	720
PTS: SE	Males	1,48	0,38	7,16	861	,000																																																																												
	Females	1,28	0,37				PTS: MO	Males	1,77	0,29	2,40	841	,017	Females	1,72	0,30	TASTE: stress/ psychosomatic symp.	Males	1,51	0,56	-9,24	868	,000	Females	1,89	0,58	TASTE: negative evaluation of studyabilities	Males	1,70	0,45	-3,83	873	,000	Females	1,83	0,48	TASTE: evaluation of studies	Males	2,04	0,57	-6,07	860	,000	Females	2,28	0,55	TASTE: devotion in studying	Males	1,75	0,62	-2,90	833	,004	Females	1,89	0,68	GPA last semester	Males	6,71	1,43	-4,037	290	,000	Females	7,19	1,12	Courses passed	Males	4,02	2,22	-3,486	720	,001	Females	4,67	2,40						
PTS: MO	Males	1,77	0,29	2,40	841	,017																																																																												
	Females	1,72	0,30				TASTE: stress/ psychosomatic symp.	Males	1,51	0,56	-9,24	868	,000	Females	1,89	0,58	TASTE: negative evaluation of studyabilities	Males	1,70	0,45	-3,83	873	,000	Females	1,83	0,48	TASTE: evaluation of studies	Males	2,04	0,57	-6,07	860	,000	Females	2,28	0,55	TASTE: devotion in studying	Males	1,75	0,62	-2,90	833	,004	Females	1,89	0,68	GPA last semester	Males	6,71	1,43	-4,037	290	,000	Females	7,19	1,12	Courses passed	Males	4,02	2,22	-3,486	720	,001	Females	4,67	2,40																
TASTE: stress/ psychosomatic symp.	Males	1,51	0,56	-9,24	868	,000																																																																												
	Females	1,89	0,58				TASTE: negative evaluation of studyabilities	Males	1,70	0,45	-3,83	873	,000	Females	1,83	0,48	TASTE: evaluation of studies	Males	2,04	0,57	-6,07	860	,000	Females	2,28	0,55	TASTE: devotion in studying	Males	1,75	0,62	-2,90	833	,004	Females	1,89	0,68	GPA last semester	Males	6,71	1,43	-4,037	290	,000	Females	7,19	1,12	Courses passed	Males	4,02	2,22	-3,486	720	,001	Females	4,67	2,40																										
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	Females	1,83	0,48				TASTE: evaluation of studies	Males	2,04	0,57	-6,07	860	,000	Females	2,28	0,55	TASTE: devotion in studying	Males	1,75	0,62	-2,90	833	,004	Females	1,89	0,68	GPA last semester	Males	6,71	1,43	-4,037	290	,000	Females	7,19	1,12	Courses passed	Males	4,02	2,22	-3,486	720	,001	Females	4,67	2,40																																				
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	Females	1,89	0,68				GPA last semester	Males	6,71	1,43	-4,037	290	,000	Females	7,19	1,12	Courses passed	Males	4,02	2,22	-3,486	720	,001	Females	4,67	2,40																																																								
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	Females	7,19	1,12				Courses passed	Males	4,02	2,22	-3,486	720	,001	Females	4,67	2,40																																																																		
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	Females	4,67	2,40																																																																															

3.3. Correlations Between ADD, PTS And TASTE

In order to study the correlations between the three ADD questionnaires, the three factors of PTS and the four factors of TASTE, we used Pearson r . Many correlations have been found as significant due to the sample size. All correlations are presented but only correlations higher than 0.30 are discussed.

Correlations between the three ADD questionnaires and the three factors of PTS are presented in Table 5. Significant negative correlations have been found between the factor strength of inhibition and the three ADD scales, WURS ($r = 0,30$, $p < 0.001$), ADDAT ($r = 0,34$, $p < 0.001$) and IDAA ($r = 0,41$, $p < 0.001$).

Table 5
Correlations Coefficients (Pearson r) Between ADD and PTS

		WURS	ADDAT	IDAA
PTS: SE	Pearson	-,016	-,080*	-,124**
	p	,737	,025	,000
	N	451	784	813
PTS: SI	Pearson	-,304**	-,336**	-,407**
	p	,000	,000	,000
	N	440	781	807
PTS: MO	Pearson	-,024	-,018	-,137**
	p	,613	,619	,000
	N	444	771	798

* $p < 0.05$ ** $p < 0.01$

Correlations between the three ADD questionnaires and the five factors of TASTE are presented in Table 6. Significant positive correlations have been found between the factor of TASTE stress/ psychosomatic symptoms and the three ADD scales, WURS ($r = 0.31$, $p < 0.001$), ADDAT ($r = 0.42$, $p < 0.001$) and IDAA ($r = 0.37$, $p < 0.001$). Significant positive correlations have also been found between the factor of TASTE avoidance of studying and the three ADD scales, WURS ($r = 0.37$, $p < 0.001$), ADDAT ($r = 0.54$, $p < 0.001$) and IDAA ($r = 0.48$, $p < 0.001$).

Moreover, there are significant positive correlations between the factor of TASTE negative evaluation of study abilities and the three ADD scales, WURS ($r = 0.39$, $p < 0.001$), ADDAT ($r = 0.49$, $p < 0.001$) and IDAA ($r = 0.40$, $p < 0.001$).

Correlations between the three factors of PTS and the five factors of TASTE are presented in Table 7. Significant negative correlations have been found between the factor of TASTE stress/ psychosomatic symptoms and the temperament factors strength of excitation ($r = -0.41$, $p < 0.001$) and mobility of nervous processes ($r = -0.30$, $p < 0.001$). Significant negative correlation has also been found between the factor of TASTE avoidance of studying and the temperament factor strength of inhibition ($r = 0.36$, $p < 0.001$).

Table 6
Correlations Coefficients (Pearson r) Between ADD and TASTE

		WURS	ADDAT	IDAA
TASTE: stress/ psychosomatic symptoms	Pearson	,331**	,417**	,371**
	p	,000	,000	,000
	N	453	790	820
TASTE: avoidance of studying	Pearson	,374**	,535**	,482**
	p	,000	,000	,000
	N	447	789	817
TASTE: negative evaluation of study abilities	Pearson	,393**	,492**	,405**
	p	,000	,000	,000
	N	450	793	818
TASTE evaluation of studies	Pearson	,063	,123**	,036
	p	,183	,001	,331
	N	447	785	814
TASTE: devotion in studying	Pearson	-,064	,011	-,112**
	p	,170	,747	,001
	N	460	798	827

*p<0.05 **p<0.01

Table 7
Correlations Coefficients (Pearson r) Between PTS and TASTE

		PTS: SE	PTS: SI	PTS: MO
TASTE: stress/ psychosomatic symptoms	Pearson	-,409**	-,184**	-,295**
	p	,000	,000	,000
	N	830	816	812
TASTE: avoidance of studying	Pearson	-,066	-,357**	-,113**
	p	,058	,000	,001
	N	828	819	810
TASTE: negative evaluation of study abilities	Pearson	-,253**	-,200**	-,225**
	p	,000	,000	,000
	N	830	821	814
TASTE evaluation of studies	Pearson	-,197**	,084*	-,064
	p	,000	,017	,068
	N	822	811	805
TASTE: devotion in studying	Pearson	,072*	,195**	,141**
	p	,038	,000	,000
	N	841	835	822

*p<0.05 **p<0.01

4. Discussion

According to our findings, the percentages of students scoring above the cut-off score are 10,6% for the Wender Utah Rating Scale, 6,6% for Jasper/ Goldberg Adult Screening Examination and 6,4% for Instrumente zur Diagnose der Adulten ADHS. Percentages referred are similar in ADDAT and IDDA, but higher for the Wender Utah Rating Scale, which in the literature is considered as a reliable instrument, since it includes items describing childhood onset of the disorder. Those instruments though, are not standardized in Greece, and therefore we cannot surely claim that the symptoms described assess only ADD among students or are also referred to distraction and overactivity laying in other conditions or disorders (e.g. stress, anxiety or depression). It is therefore needed that those instruments are standardized in Greek population. In order to give the diagnosis of ADD, it is necessary that individuals are subjected also to clinical interview and assessment.

Percentages found in this study (6,4% to 10,3%) are higher than the prevalence rates (4%) referred by most epidemiological and clinical studies (Nutt et al., 2007). On the other hand, those findings are similar to findings of previous studies of ADD among student population (7%: Weyandt et al., 1995; 4-11%: Heiligenstein et al., 1998).

Means of total scores in the three ADD questionnaires are equal to "rarely/ just a little". Similar findings are referred by Vlachou (2003), not only concerning the mean score of students in the Jasper/ Goldberg Adult Screening Examination, but also in the five factors of TASTE. To our knowledge, PTS has never before been administered to Greek sample of students, and therefore findings are not comparable with previous studies.

Significant mean differences between the two genders in relation to their total score in ADD questionnaires are reported only in Wender Utah Rating Scale, where men score higher than women. This finding is similar with previous researches, which report that men display symptoms of distraction and overactivity more frequent than women. Moreover, Murphy & Barkley (1996) claim that men-women percentages of ADD are estimated between 1,8:1 and 2,6:1. The absence of significant mean differences in the two other ADD instruments however, is reported also in previous researches, supported by the fact that gender differences are eliminated among students, who seem to achieve higher standards and manage entering higher education (DuPaul et al., 2001).

Significant differences between the two genders have also been found in two temperament factors, strength of excitation and mobility of nervous processes. In both factors men displayed significant higher mean than women. Male students seem to be more able to pertain intense and lasting stimulation, and also to react appropriate in constant environmental changes. Gender effect in the factor "strength of excitation" is also reported in the study of Kalantzi-Azizi et al. (1996), with the only difference, that women reported higher mean than men. This differentiation can be eventually associated with the sample of each study, since in this study we tested only a specific part of the general population (students) and a specific age group (18-25 years old), a group that can be different from the general population in relation to temperament traits.

Significant mean differences between the two genders have been found in the four factors of TASTE. Women display higher mean in stress and psychosomatic symptoms

in relation to examinations than men, tend to evaluate more negative their study abilities but more positive their studies in general, and are more devoted in studying than men. Those findings are similar and are also supported by previous studies (Kalantzi-Azizi & Karademas, 1997; Depreeuw et al., 1990; Vlachou, 2003). According to our findings, female students tend to be more motivated in their studies, which they evaluate more positively than men, are more devoted to their studies and are oriented towards academic success; at the same time though, they display higher levels of stress concerning examinations and academic achievement and they are more often worried about topics, such as success in exams and studies. Those differences between the two genders concerning their attitudes towards studies and academic success are also expressed in their academic achievements, since women have significant higher grade point average and more courses passed during last semester than men.

Significant negative correlations have been found between the factor strength of inhibition and the three ADD rating scales. High scores in the factor strength of inhibition are related to lower scores in ADD rating scales; high levels of strength of inhibition, that means capability to inhibit behaviours, when this is needed in a specific situation, are related to less, and less intense symptoms of inattention, impulsivity and hyperactivity. This is a rather expected finding, since one of the main difficulties of individuals diagnosed with ADD is to inhibit inappropriate behaviours, when this is demanded by a specific situation.

Significant but rather low correlations have also been found between the factors strength of excitation and mobility of nervous processes and the three ADD rating scales. We would expect that the correlations between the two temperament factors and ADD were higher. We could suppose that ADD is less influenced by temperamental traits, such as strength of excitation and mobility of nervous processes, than by strength of inhibition. Those findings could be added to the body of previous research trying to connect ADD with temperamental traits.

Significant positive correlations were also found between the three factors of TASTE, stress and psychosomatic symptoms related to examinations, avoidance of studying and negative evaluation of study abilities, and the three ADD rating scales. Higher scores in ADD rating scales, could be linked to higher exam stress, higher avoidance of studying and more negative evaluation of own abilities to study and perform well during an examination. Significant, though low, correlations were also found between the factor of TASTE evaluation of studies and the ADDAT rating scale, as well as between the factor devotion in studying and the IDDA rating scale. It is hypothesized, that those two factors of TASTE are not immediately or significant related to ADD symptoms.

Between the two factors of PTS, strength of excitation and mobility of nervous processes, and the factor of TASTE, stress and psychosomatic symptoms, were found significant negative correlations. It seems that students with higher levels of strength of excitation as well as mobility of nervous processes - that means students that are able to sustain high levels of stimulation when needed, and at the same time to be better adjusted in different or changing environments, display lower stress levels and psychosomatic symptoms related to exams. Moreover, there are significant negative correlation between the temperament factor strength of inhibition and the factor of

TASTE avoidance of studying. Students, who are capable to inhibit the display of a specific behaviour or pattern of behaviours when needed, tend to avoid studying less and at the same time be motivated to fulfil their academic targets.

To sum up, temperamental traits are related not only to ADD symptoms of distraction, impulsivity and hyperactivity, according to our first hypotheses, but also to student's study abilities. Study abilities on the other hand, are at the same time influenced by symptoms of distraction and hyperactivity.

4.1. Limitations Of The Present Study

This study aimed to examine and describe symptoms of distraction, impulsivity and hyperactivity among students, as well as to relate those symptoms to temperament traits, study abilities and academic success. Findings should be careful regarded and only as preliminary, since the main limitation of our study is the use of unstandardized instruments. Consequently, cut-off scores for ADD used are based on normal distribution of the sample, without having assessed the sensitivity and specificity of each instrument.

Our sample was a convenient one, including only students that study in Athens, and especially in the school of Philosophy and other Schools of pure sciences; it is though possible, that some findings are biased due to the sampling. Due to the fact that subjects had to fill in the questionnaires in group and in presence of students who administered them, it is possible that some of the answers were influenced to the direction of social desirable norms.

4.2. Proposals For Further Research

As already mentioned, there are in Greece no standardized ADD screening instruments. It is therefore needed that the instruments used in the present study, being standardized in Greek sample, in order to be used as screening instruments. It would be also interesting to find out through clinical interview, how many students, of those who have passed the cut-off score in the three rating scales, are indeed diagnosed with Attention Deficit Disorder.

It is also important to include ADD screening test in further epidemiological studies in the general as well as in the student population, in order to assess prevalence rates. Moreover, those studies could demonstrate the need that mental health services and especially - when referred to students - Student Counselling Centres, offer counselling, therapy or group therapy addressed to students diagnosed with ADD, in order to support them organizing their studies and at the same time prevent academic underachievement and failure, as well as promote ADD-student's well-being. It would be also interesting to further examine daily problems students with ADD should cope with (relationships, time management, leisure activities, work achievement)

Further research could also consider more variables that influence student's study abilities (e.g. attitudes toward studies, pressure from the family environment, socioeconomic background, attitudes towards work opportunities after graduating). Those findings could lead to a multifactor model which could better explain the relationships between ADD symptoms, temperament, study abilities and other intermediate factors.

Last but not least, a prospective research could study the percentages of adolescents with AD/HD who manage get accepted at the University, as well as the percentages of students who give up studies and the factors involved in this outcome.

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THE INCLUSION OF STUDENTS WITH SPECIAL NEEDS AT THE UNIVERSITY OF CRETE

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Abstract

Inclusive Higher Education means enabling college students with special needs to participate in all kinds of activities that take place at the University or other post-secondary education Institutions, to the maximum possible extent that their disability allows. The purpose of this study is to investigate the problems students with special needs face during their studies at the University of Crete. We also examine the influence of social contact and relationships between students with and without special needs, course or seminar attendance, gender and age on the perception of inclusion issues. The total sample of the study consists of 655 students, of which 23 were with special needs. Using a 20-item structured questionnaire we asked respondents to indicate their response on a 3-point Likert scale to statements that cover a variety of issues regarding inclusion and participation in learning and the university life overall. The results of the study revealed that students with special needs have difficulties in accessing the learning facilities and resources, participating in academic life and interacting socially with other students. The perception of the difficulties did not differ significantly between students with and without special needs. We conclude that inclusion in Higher Education should involve the reduction of learning barriers and participation for all students, the promotion of a culture that acknowledges diversity and the development of a support network.

Keywords: Inclusion; students with special needs.

1. Introduction

Education is a precious human good and access to it is the right of every citizen. Higher Education enables graduates a good financial and social status, equal social participation, personal development and good living conditions in general (Efklides, 2005). This should also apply for people with Special Needs. "In today's information-

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based global economy, a postsecondary education is no longer a luxury of the wealthy but a necessity for anyone who wants to enjoy a decent lifestyle” (Wall & Sarver, 2003, p. 282). The University as an institution has an educational and scientific mission: it aims at the production and transmission of scientific knowledge as well as the training of people who will be able to produce and transmit this kind of knowledge to others (Tsaousis, 1996).

Young people’s entrance to Higher Education is a transmission period during which they face new situations and conditions of life. Issues of adjustment to this new kind of life, the redefinition of family relationships, the development of more intimate relationships with the other gender and career anxiety (Kalantzi-Azizi, 1996a), are only a few of the issues that young people have to deal with at this phase of life. It is therefore, a period during which students need support, to face the challenges and meet the demands of university life successfully. Psychological counselling, therefore is of pivotal importance (Kalantzi-Azizi, 1992, 1996a; Sarris, 2005), so that all students (with or without Special Needs) have equal opportunities for inclusion and settling into this new environment, away from the familiar and warm family life (Kounenou, 2001).

In the present study “... inclusion has been defined as including a number of key perspectives, policies and practices such as, firstly, reducing barriers to learning and participation for all students and, secondly, learning from attempts to overcome barriers to the access and participation of students” (Booth & Ainscow, in: Fuller, Bradley & Healey, 2004, p. 455). Inclusion is not realized just through the co-existence of students with or without Special Needs in the same environment but through the development of conditions that will combat and defeat biases and discriminations (Kalantzi-Azizi, 1996b; Kypriotakis, 2001). Inclusion is to be realized through the interaction between the members of the academic community (students, teaching and administrative staff etc). “Inclusion means interaction between the members of the group. It is not about adjustment and assimilation of a single person but socialization processes that stem from interaction” (Kypriotakis, 2001, p. 18).

In this study, we also use the term *Students with Special Needs* to indicate students that have movement, sensory, and psycho-emotional problems or a history of chronic diseases such as thalassemia (a form of hereditary hemolytic anemia), diabetes (a metabolism disorder), epilepsy etc (see Kalantzi-Azizi, 1996b). Some impairments, diseases and disorders unavoidably affect the quality of people’s lives. As, for example, with sight or learning problems or any disability; they cause general difficulties in social life and have financial consequences for those they suffer from them. In this case, the physical, social, financial and cultural environment plays a decisive role in the development of life conditions that will encourage isolation or inclusion (Riddell, Tinklin, & Wilson, 2005).

The scientific stance of this study recognizes the importance of inclusion for people with Special Needs in all levels of education and promotes the development of support services for the implementation of inclusion. The transmission from Secondary to Higher Education presupposes commitment for the development of facilities and support that will enable Students with Special Needs to succeed in their studies (Sahlen & Lehmann, 2006).

“There is evidence that disabled students are now being recognized more fully as a group experiencing particular disadvantage” (Tinklin, Riddell, & Wilson, 2004, p. 640). However, Students with Special Needs are likely to find serious obstacles during their course of studies (Bagnato, 2004). “Disadvantaged groups are likely to experience inequalities in accessing services, further exacerbating their cultural and economic marginalisation” (Riddell et al., 2005, p. 624). “While disabled students may be just as concerned with the general issues affecting all students – workload, money, having a social life and housing for some, learning issues associated with their impairment may come to the fore as they enter the less protected environment of higher education” (Fuller, Bradley, & Healey, 2004, p. 466).

Initially, Students with Special Needs have limited choice with regards to the subjects of study. This is due to the lack of suitable facilities in lecture rooms and labs, the discouragement they receive from the family environment (Beck – Winchitz & Riccobono, 2007), as well as the lack of information and advice before their entrance to Higher Education (Ralph & Boxall, 2005). Although there have been some rapid developments that benefit people with Special Needs in recent years, there are still acute problems related to the inclusion of Students with Special Needs in Higher Education. This is due to the lack of a thorough and integrated framework that will enable and promote the inclusion of Students with Special Needs in Higher Education, the lack of awareness and people’s complete ignorance about the existing legislation.

After their admission to their institute, the most common difficulties Students with Special Needs face are in access to the building, teaching, learning and social experiences. To these we should add the lack of state support and relevant legislation (Hall, Healey, & Harrison, 2004). More specifically, Students with Special Needs have limited access to most parts of a university campus (administration offices, library, students union, lecture rooms, tutors’ offices etc) due to the lack of suitable facilities such as ramps and lifts. Students with sight impairments suffer from lack of resources and teaching aids such as books in Braille writing, special computer packages etc, whilst there are no sign language interpreters for students with hearing problems. Moreover, Students with Special Needs are insufficiently informed about their rights, relevant legislation and the institution’s liability for providing support. They are not normally represented nor do they participate in committees themselves so decisions are made without taking them into account (Kalantzi-Azizi, 1992, 1996b, 1999; Kalantzi-Azizi & Tsinarelis, 1994; Sahinoglou & Koukkos, 1994; Konur, 2000; Mitsopoulou, Efkliides, Kourtis, & Christides, 2002; Doikou-Avliidou, Moustaka, Pita, & Kostaridou-Efkliides, 2002; Polihroniou, Christofis & Katsiotis, 2003; Hatzopoulou, 2005). Furthermore, Students with Special Needs have to deal with social isolation, lack of support and lack of awareness within academic community; this is due to the lack of knowledge and information about the student’s condition, the lack of support and alternative assessment methods for Students with Special Needs and the lack of interest on the promotion of social integration between Students with and without Special Needs (Tinklin & Hall, 1999; Sharp & Earle, 2000; Konur, 2002; Fuller, Bradley, & Healey, 2004; Fuller, Healey, Bradley, & Hall, 2004; Tinklin et al., 2004; Taylor, 2005; Konur, 2006). The University’s incapability to actively support Students with Special Needs in

accessing knowledge actually means the University's failure to combat biases, accept and accommodate difference and stop marginalisation. In this way the University also fails to take advantage of some crucial contribution Students with Special Needs can make to the academic life (Ralph & Boxall, 2005).

There has been some research in Greece carried out at the Universities of Athens and Thessaloniki. This focused on tracking down the Students with Special Needs and investigating the way they perceive their problems (Kalantzi-Azizi & Tsinarelis, 1994; Mitsopoulou, Efklides, Kourtis, & Christides, 2002; Polychronopoulou, 2005).

Research carried out in the Student Counselling Centre at the University of Athens tracked down 318 Students with Special Needs in a total of 28 Departments at the University of Athens during the academic year 1991-92 (Kalantzi-Azizi and Tsinarelis, 1994). The Students with Special Needs were classified into five main categories: students with thalassaemia (3.3‰ of the total student population), students with deafness or hearing problems (0.45‰ of the total student population), blind students or students with sight problems (0.45‰ of the total student population), students with paraplegia or other physical disability (0.18‰ of the total student population) and other Special Needs (officially recognized by the state) (0.20‰).

Efklides et al. traced and registered the difficulties Students with Special Needs have to deal with during their studies at the Aristotle University of Thessaloniki (Mitsopoulou, Efklides, Kourtis, & Christides, 2002). Their research purported to be the preliminary stage of a series of developments in conditions and structures that would enable the Aristotle University of Thessaloniki to improve the learning conditions and promote the integration of students with and without Special Needs. Efklides et al. concluded that a) the University regulations did not provide clear guidance for the full support of Students with Special Needs b) overcoming the obstacles Students with Special Needs meet depends on their own initiative and the staff's good will or positive attitudes c) each Department has its own framework of support d) lack of information and awareness about the learning needs and the vocational rehabilitation of Students with Special Needs is common among the University staff e) Students with Special Needs have problems outside the University buildings too, due to the difficulties in access and transportation in general f) during their free time student gatherings take place mainly at the private space of their house and g) Students with Special Needs wish for the constitution of their own association that will represent them in committees and make their voice heard.

Polychronopoulou (2005) in her study of students with sensory deficiencies in eight different Schools of the University of Athens tracks down, analyses and reports issues of educational and social inclusion these students have to deal with when it comes to Higher Education. She also looks into their wishes and solutions they propose themselves. Polychronopoulou's ultimate goal was the development of support services within the Department of Primary Education at the University of Athens. Some of her conclusions are: a) the majority of the University Departments of the Attiki Prefecture do not offer equal opportunities to students with sensory deficiencies and b) access to learning and isolation from the academic cultural and community life are amongst the most significant problems students with sensory deficiencies face.

Koliades et al. (2000) carried out a research on pre-school and primary trainee teachers to look into the defining characteristics of people with Special Needs, the criteria used for defining their condition, the society's attitudes towards them, and the problems these people face upon their entrance into Higher Education. One of the main results of this research showed that trainee teachers' attitudes and behaviour towards people with Special Needs was related to their knowledge about Special Needs (Ibid.).

Research around issues of inclusion and the quality of services to Students with Special Needs in Higher Education was also carried out in other countries. Fuller et al. (Fuller, Bradley, & Healey, 2004; Fuller, Healey, Bradley, & Hall, 2004) took a closer look into the experiences and the perceptions of Students with Special Needs in Higher Education. They concluded that Students with Special Needs face particular problems in teaching, assessment and learning in general (e.g. using the library, IT, or technical support). They also have difficulties in cooperation with the teaching staff very much due to the staff's ignorance and limited awareness. However, their research highlights the fact that some students had less negative experiences in Higher Education than others. To this, we should add a research carried out by Tinklin and Hall (1999) which showed that Students with Special Needs face problems at five different levels: access to the physical environment, learning, advice for making an informed choice of Department, the varied assumptions of normality/abnormality and the ignorance of the academic community. A different study (Tinklin et al., 2004) about the quality of services provided to Students with Special Needs in Scottish and English Universities stressed that, although there is some substantial progress on this matter, there is still an urgent need for some deep changes that will accommodate teaching and learning for Students with Special Needs in Higher Education.

As it is evident, Students with Special Needs face a variety of problems when they come to Higher Education. Namely, they have to deal with problems in accessing buildings, difficulties in learning and difficulties in establishing relationships with other students. These problems can become more acute when there is lack of awareness and sensitivity and lack of acceptance or understanding in the academic community. This justifies the purpose of this research which was carried out at the University of Crete. The importance of our research is also justified by the limited number of relevant studies in Greece, the absence of research about Students with Special Needs at the Rethymnon Campus and the deficiencies in the country's legislation about people with Special Needs. This study attempts to trace students' perceptions about the inclusion of Students with Special Needs in the University campus of Rethymnon and to identify problems Students with Special Needs deal with during the course of their studies at the University of Crete.

The study developed to test the following hypotheses:

1. There are differences between Students with and Students without Special Needs with regards to their perception of the difficulties Students with Special Needs face during their studies at the University of Crete.
2. Students with Special Needs have difficulties in learning and access to the academic life as well as in social interaction with other students.

3. Students who have social contact and relationships with Students with Special Needs can identify more problems Students with Special Needs face than students who do not have any interaction with them.
4. Students who attended courses or seminars on Special Needs are more aware of and sensitive to the needs and the difficulties Students with Special Needs face.
5. Gender and age affect students' perception of the difficulties Students with Special Needs face at the University of Crete.

2. Method

2.1. Participants

The sample of the research was selected by cluster sampling. We collected responses by 655 students who study at the University of Crete at the Rethymnon Campus. Clusters represent the students of each Department of the Rethymnon Campus. Students with Special Needs were separated from each cluster. The sample of Students without Special Needs, then, was comprised of the students who attended a randomly selected lecture from each Department. 23 students appeared to have some kind of Special Need whilst the rest 631 students do not classify themselves as having Special Needs. One student did not indicate whether he/she had any kind of special need.

From those 23 students, three appeared to have diabetes Type A, two had multiple sclerosis, and two students had some kind of physical impairment. Two students suffered from Kidney Deficiency Syndrome, two students suffered from cancer and one student suffered from the Behcet Syndrome. One student suffered from epilepsy, one had sight problems, and one had vassal dysplasia. One student was dyslexic and seven students did not want to specify the kind of Special Need they had.

536 (82%) of the students were female, 118 (18%) were male and one student did not respond to this question. 419 students (64,1%) were 18-20 years old, 170 (26%) were 21-23 years old, 27 (4,1%) were 24-26, 14 (2,1%) were 27-29 and 24 (3,7%) were over 30 years old. With reference to their permanent residence, 439 (67,2%) students were residents in an urban setting, 142 (21,8%) were living in rurban areas, 72 students (11%) were living in rural places and two students did not respond to this question.

The number of participants from each Department is shown in Table 1. With regards to the time of their studying, 19 students were going through their first semester, 294 students were going through the second, 1 student was in his/her third semester, 121 students were in their fourth semester, 1 was in the fifth, 49 students in the sixth, 7 students in the seventh, 128 students were going through the eighth semester, 34 of the participants were on an extension and one student did not respond to this question. 426 (65,1%) students indicated that they had attended courses or seminars on Special Needs, 228 (34,9%) indicated they had not had such an experience and one student did not respond to the question. The majority of students (87%) answered that they had not had any social contact and relationships or friendship with Students with Special Needs whilst 13% answered that they had some kind of social contact with Students with Special Needs.

Table 1
University Departments

s/n		%	(N)
1.	Department of Pre-school Education	35.3	(231)
2.	Department of Primary Education	6.4	(42)
3.	Department of Psychology	9.9	(65)
4.	Department of Philosophical and Social Studies	19.1	(125)
5.	Department of Sociology	1.7	(11)
6.	Department of Political Sciences	11	(72)
7.	Department of History and Archeology	0.5	(3)
8.	Department of Financial Studies	15	(98)
9.	Department of Letters	0.5	(3)
10.	Other Departments	0.6	(4)
Total		100	(654)
Not responded: 1			

2.2. Data Collection

The assessment of students' attitudes and awareness about the inclusion of Students with Special Needs in Higher Education was carried out by a 20-item structured questionnaire, the *Issues of Inclusion Scale*. The respondents indicated the position which most represented what they felt by putting a mark on a 3-point Likert scale (true, partly-true, it does not apply).

2.3. Procedure

The questionnaire consisted of two sections. The first section included questions which aimed to collect some demographic data (i.e. gender, age, permanent residence, University Department, semester, attendance of courses or seminars on Special Needs, contact with Students with Special Needs and the nature of Special Needs students had). The second section (*Issues of Inclusion Scale*) was comprised by questions referring to several issues/problems Students with Special Needs might meet during the course of their studies. In the second section responses were elicited by the use of a three-point Likert scale.

An introduction to the questionnaire informed the participants about the aim of the study and encouraged them to provide true and unbiased answers so as to promote the validity and reliability of the results. The introduction also reassured participants about the anonymity of the research.

In most cases the questionnaire was distributed personally by the researchers. With regards to students with Special Needs some specific procedure was followed: The researchers asked each University Department's administrator to provide the phone numbers of Students with Special Needs who had enrolled since the academic year 2000-2001. One of the Departments refused to provide this piece of information on the basis of data protection. Another Department claimed that there were no Students with

Special Needs enrolled with them. Following this, the researchers contacted Students with Special Needs over the phone and asked them to fill the questionnaire in. Please note that some of the phone numbers were invalid. Once the students accepted they had their questionnaire sent to them by post or e-mail. In some cases, the researchers handed the questionnaire to the student personally after setting an appointment. The time of questionnaire completion ranged from 10 to 15 minutes. The research was carried out during the academic year 2006-2007.

3. Results

3.1. *Issues of Inclusion*

The responses to the *Issues of Inclusion Scale* were subjected to an exploratory factor analysis (Principal Axis Factoring Method) in order to assess the construct validity of the scale. Table 2 shows the four factors revealed from the orthogonal factor rotation when we used Varimax with Kaiser Normalization. We used Varimax because the four factors did not correlate sufficiently with each other. We came up with the four factors taking into account the following criteria: a) the Scree Plot (Howitt & Cramer, 2003), b) every factor had to explain at least 5% of the total variance of the questions in the *Issues of Inclusion Scale* c) our final choice had to reduce the possibility of a question-variable to correlate with more than one factor and d) our final choice had to have meaning and be compatible with the existing theoretical models.

The four factors which explained the 21,7% of the total variance were the following:

- 1) *Awareness and support by the academic community*: This factor explained 7% of the variance and includes questions about raising the awareness and gaining support from the academic community for students with Special Needs (i.e. support from students, awareness and understanding by the administrative and teaching staff, support through the development of social relationships outside the university life etc.)
- 2) *Learning facilities, access to knowledge and academic representation*: This factor explained 6.6% of the variance and includes questions about access to learning facilities such as library with audio resources or books in Braille writing, sign language interpreters for students with hearing problems, cooperation with Universities and Colleges overseas for equal opportunities on student exchange programs etc. It also includes questions about academic representation that is, representatives of students with Special Needs in University committees, constitution of a Students with Special Needs Association etc.
- 3) *The promotion of social interaction between Students with and without Special Needs*: This factor explained 5.3% of the variance and includes questions about the promotion of social relationships between Students with and without Special Needs such as activities that take students' Special Needs into account, events to raise awareness about Special Needs and Disabilities, activities that encourage students with Special Needs to participate in academic life etc.
- 4) *Building access*: This factor that explained 2.8% of the variance includes questions

Table 2
Issues of Inclusion Scale Factors, Loadings, Means (M) and Standard Deviations (Sd)

	Varimax Loadings	M	SD
Awareness and support by the academic community (a=.57)		.76	.50
The whole academic community (students, administrative, cleaning and teaching staff) is sensitive towards the Students with Special Needs at the University of Crete.	.55	.90	.65
Students with Special Needs receive support by their fellow students during the course of their studies at the University of Crete (help with transportation to and from the University Campus, help to access the building, help during registration, updating on running events, help with reading and studying, sharing of lesson notes etc).	.53	.69	.67
The University administrative and teaching staff shows sensitivity and understanding towards the requests and queries raised by Students with Special Needs and they provide an effective response.	.47	.81	.65
Students develop social relationships with their fellow Students with Special Needs outside the University Campus.	.36	.57	.67
Learning facilities, access to knowledge and academic representation (a=.64)	1.16	.74	
The University of Crete organizes transportation for Students with Special Needs to enable them to attend sporting, social and cultural events and activities.	.40	1.37	.75
The University of Crete liaises with Universities abroad to ensure equal opportunities for participation in student exchange programs (e.g. Erasmus) for Students with Special Needs.	.42	.48	.69
The University of Crete provides special library facilities with audio books or books in Braille writing for Students with Special Needs.	.50	1.07	.90
The University of Crete provides sign language interpreter for students with hearing impairment.	.34	1.68	.63
There is an established association of Students with Special Needs at the University of Crete.	.39	1.32	.82
Students with Special Needs are regularly and efficiently represented in committees or other meetings.	.45	1.30	.79
The promotion of social interaction between Students with and without Special Needs (a=.70)	1.17	.97	.68
The University of Crete accommodates Students with Special Needs in academic (conferences, exams, graduation ceremonies), social, cultural and other events.	.36	.97	.77
The University of Crete promotes students' awareness about Special Needs (through the distribution of leaflets, discussions about Special Needs and inclusion, seminars about Special Needs etc).	.39	1.22	.81
The University of Crete organizes events that anticipate and encourage the participation of Students with Special Needs (e.g. participation in drama workshops).	.52	1.41	.74
Building access (a=.39)	.95	.59	
The University of Crete provides the necessary building facilities (lifts, special ramps, etc.) to enable easy access to every part of the University Campus (Administration Offices, library, students union, lecture rooms, tutors' offices etc) for Students with Special Needs.	.45	1.15	.64
The University of Crete provides special parking spaces for disabled students near their department, the library, the restaurant etc.	.33	.65	.74

Note. Where 0=true, 1=partly true, 2=it does not apply

about the building facilities that enable access to students with Special Needs at the University campus e.g. lifts, ramps, parking allocations etc.

Each factor consisted of items which had a positive loading of over .30. The internal reliability of the four factors was medium for the first three factors (.57, .70, .64 respectively) and low for the fourth one (.39). The *Issues of Inclusion Scale* which consisted of 15 questions in its final form (all of which satisfy the above criterion) had a high level of reliability (Cronbach's $\alpha=.86$).

In the analysis that follows the four factors (Awareness and support by the academic community; Learning facilities, access to knowledge and academic representation; The promotion of social interaction between students with and without Special Needs; Building access) are used as individual variables in the hypothesis-testing procedure. Each factor is considered to be a separate group of issues Students with Special Needs might encounter with at the University of Crete. Table 2 shows the factor loadings and the descriptive statistics for each of the 15 retained items assigned to the four factors.

3.2. Differences In The Perception Of Inclusion Issues Between Students With And Students Without Special Needs At The University Of Crete

As can be seen in Table 3, there were no significant differences between Students with and Students without Special Needs in the factors' Means.

Table 3
Differences in the Perception of Inclusion Issues Between Students With and Students Without Special Needs

	Students without Special Needs (N=631)		Students with Special Needs (N=23)		Mann-Whitney Test	
	M	SD	M	SD	z	p
Awareness and support by the academic community	.77	.50	.65	.47	-1.1	>.05
Learning facilities, access to knowledge and academic representation	1.15	.74	1.37	.82	-1.3	>.05
The promotion of social Special Needs interaction between Students with and without	1.17	.68	1.38	.64	-1.2	>.05
Building access	.95	.60	.97	.56	-.84	>.05

Note. Where 0=true, 1=partly true, 2=it does not apply

3.3. Students' Perception Of The Problems In Learning And Academic Representation And Social Interaction Between Students With Or Without Special Needs

Table 2 shows that the Mean for the factor "Learning facilities, access to knowledge and academic representation" (Mean= 1.16, SD=.74) shows that the students believe that students with Special Needs have to deal with obstacles in learning and academic inclusion. The Mean for the factor "The promotion of social interaction between students with and without Special Needs" (Mean= 1.17, SD=.68) shows students' belief that the conditions within the academic community of the University of Crete do not actually encourage effective interaction between students with and students without Special Needs.

3.4. The Influence Of Social Contact And Relationships Between Students With And Students Without Special Needs On The Perception Of Inclusion Issues

Table 4 shows that there was no influence of the social contact and relationships between students with and students without Special Needs on any of the four factors, that is, on their perception of Inclusion Issues.

Table 4
The Influence of Social Contact and Relationships Between Students With and Students Without Special Needs on the Perception of Inclusion Issues

	Existence of Social contact and relationships with Students with Special Needs (N=87)		Non-existence of Social contact and relationships with Students with Special Needs (N=549)		<i>t test</i>	
	M	SD	M	SD	t	p
Awareness and support by the academic community	.71	.46	.78	.51	-1.05	>.05
Learning facilities, access to knowledge and academic representation	1.27	.78	1.14	.72	1.36	>.05
The promotion of social interaction between Students with and without Special Needs	1.22	.70	1.16	.68	.79	>.05
Building access	.94	.57	.95	.59	-.10	>.05

Note. Where 0=true, 1=partly true, 2=it does not apply

3.5. The Effect Of Course Or Seminar Attendance On The Perception Of Inclusion Issues

Table 5 shows that it is only the factor “Learning facilities, access to knowledge and academic representation” which is significantly influenced ($t= 4.51$, (652), $p<.05$) by students’ attendance of courses or seminars on Special Needs.

Table 5
The Effect of Course or Seminar Attendance on the Perception of Inclusion Issues

	Attendance of courses or seminars on Special Needs (N=228)		Non-attendance of courses or seminars on Special Needs (N=426)		<i>t test</i>	
	M	SD	M	SD	t	p
Awareness and support by the academic community	.80	.50	.76	.51	.78	>.05
Learning facilities, access to knowledge and academic representation	1.37	.72	1.05	.72	4.51	<.05
The promotion of social interaction between Students with and without Special Needs	1.18	.66	1.16	.70	.36	>.05
Building access	1.0	.56	.93	.60	1.23	>.05

Note. Where 0=true, 1=partly true, 2=it does not apply

3.6. The Effect Of Gender And Age On The Perception Of Inclusion Issues Held By Students Without Special Needs

The statistical analysis showed that it is only the factor “Building access” that showed significant differentiation between genders in Students without Special Needs $t= 2.20$ (629), $p<.05$ (Table 6).

The statistical analysis also showed that age affects students’ perception with regards to the factor “Learning facilities and academic inclusion” (Table 7). The one-way ANOVA revealed that the Means of the factor “Learning facilities, access to knowledge and academic representation” showed significant variation with regards to the age of the Students without Special Needs: $F= 8.00$ (4,626), $p<.05$. *Post hoc* analysis with the Bonferroni adjustment showed that there is significant difference between the Means of students aged 18 to 20 years and students aged 21-23, but there was no significant variation between the other age groups.

Table 6
The Effect of Gender on the Perception of Inclusion Issues Held by Students Without Special Needs

	Female (N=521)		Male (N=110)		<i>t test</i>	
	M	SD	M	SD	t	p
Awareness and support by the academic community	.76	.50	.82	.51	1.22	>.05
Learning facilities, access to knowledge and academic representation	1.16	.75	1.14	.65	.21	>.05
The promotion of social interaction between Students with and without Special Needs	1.16	.68	1.21	.67	.67	>.05
Building access	.97	.59	.83	.58	2.20	<.05

Table 7
The Effect of Age on the Perception of Inclusion Issues Held by Students Without Special Needs

	18-20 years (N=414)		21-23 years (N=165)		24-26 years (N=25)		27-29 years (N=10)		Over 30 years (N=17)		F(df)	p
	M	SD	M	SD	M	SD	M	SD	M	SD		
Awareness and support by the academic community	.75	.51	.80	.50	.84	.50	.83	.27	.68	.57	.53(4,631)	>.05
Learning facilities, access to knowledge and academic representation	1.02	.72	1.45	.65	1.33	.80	1.23	.90	1.18	.92	8.00(4,631)	<.05
The promotion of social interaction between Students with and without Special Needs	1.13	.70	1.22	.67	1.26	.68	1.13	.50	1.26	.60	.61(4,631)	>.05
Building access	.93	.60	.99	.55	.97	.57	.66	.50	1.08	.60	1.08(4,631)	>.05

Note. Where 0=true, 1=partly true, 2=it does not apply

3.7. The Effect Of Gender And Age On The Perception Of Inclusion Issues Held By Students With Special Needs

Statistical analysis showed no variation between gender groups among the Students with Special Needs. Table 8 shows that the age groups of Students with Special Needs is differentiated with regards to the factor “Learning facilities, access to knowledge and academic representation”. The one-way ANOVA showed that only the Means of the factor “Learning facilities, access to knowledge and academic representation” showed significant variation according to age: $F=5.74 (4,18)$, $p<.05$. *Post hoc* analysis with the Bonferroni adjustment showed that there is significant difference between the Means of students aged 18 to 20 years, students aged 21-23, students aged 24-26 and students aged 27 to 29 years.

Table 8

The Effect of Age on the Perception of Inclusion Issues Held by Students With Special Needs

	18-20 years (N=5)		21-23 years (N=5)		24-26 years (N=2)		27-29 years (N=4)		Over 30 years (N=7)			
	M	SD	M	SD	M	SD	M	SD	M	SD	F(df)	p
Awareness and support by the academic community	.41	.32	.41	.32	.80	.76	1.06	.71	.73	.30	1.66(4,23)	>.05
Learning facilities, access to knowledge and academic representation	.25	.50	1.65	.47	2.00	.00	2.00	.00	1.42	.82	5.74(4,23)	<.05
The promotion of social interaction between Students with and without Special Needs	.83	.28	1.00	.86	1.50	.70	1.77	.38	1.73	.43	1.98(4,23)	>.05
Building access	.80	.27	.50	.61	1.50	.70	1.25	.50	1.16	.51	2.28(4,23)	>.05

Note. Where 0=true, 1=partly true, 2=it does not apply

4. Discussion

The aim of the present study was first, to trace students' perception about the inclusion of Students with Special Needs at the University of Crete, at the Rethymnon campus. Second, the study aimed to track down issues and problems Students with Special Needs encounter with during the course of their study at the University of Crete. Our initial hypothesis was that there are differences between Students with Special Needs

and Students without Special Needs with regards to their perception of difficulties Students with Special Needs have to face when studying at the University of Crete.

According to the results, there are no significant differences between Students with and Students without Special Needs with regards to the perception of inclusion issues Students with Special Needs have to deal with at the University of Crete (Table 3). This is best explained by students' increased awareness of the problems and issues Students with Special Needs face and the general improvement in the way society accepts, defines and deals with Special Needs. This is an important finding as students significantly influence the inclusion process of their fellows (Students with Special Needs). Besides, inclusion in Higher Education is a process which continues from the primary and secondary years (Alexiou, 2005), although it also depends on the attitudes and stance of the academic staff, the attitudes of fellow students (Konur, 2006) and the existing financial, cultural and physical environment (Riddell et al., 2005).

The second hypothesis of the study has been confirmed. Students in general realize that Students with Special Needs face problems and have difficulties in learning and access to the academic life as well as in the development of social interaction with other students. More specifically, the Mean of the factor "Learning facilities, access to knowledge and academic representation" is 1.16 and the Mean of the factor "the promotion of social interaction between Students with and without Special Needs" is 1.17 (see Table 2). This finding comes to an agreement with a study by Polychronopoulou (2005) which focused on the issues of inclusion students with sensory problems have to deal with at the University of Athens. It is also similar to that of Mitsopoulou et al. (2002) study, which concluded that there are no special measures that ensure equal opportunities for Students with Special Needs in learning and students are bound to monitor and organize their progress themselves whilst they receive no support in the emerging difficulties. This results in missing opportunities and a less vigorous participation in the academic life. It reveals the need of an association which is going to promote the rights of Students with Special Needs. Konur (2000) also highlights the need for students' representation in committees and the lack of regulation which ensures academic representation. Other studies which take a closer look at the difficulties Students with Special Needs face with regards to learning, teaching and assessment in Higher Education come to similar conclusions (Tinklin & Hall, 1999; Fuller, Healey, Bradley, & Hall, 2004; Fuller, Bradley, & Healey, 2004). Policy and provision also seems insufficient in the Higher Education institutions of England and Scotland (Tinklin et al., 2004). Namely, Students with Special Needs find it difficult to attend their lectures due to lack of resources, difficulties in accessing the building (lack of parking spaces, no suitable access to lecture rooms), difficulties in accessing services such as the library, or the IT room, difficulties in their assessment due to the ignorance and limited awareness of the teaching staff and problems of social isolation. Similar problems have been identified in other Greek Universities as well (Kalantzi-Azizi, Zoniou-Sideri, Papaspyrou, Tsinarelis, & Sidiropoulou-Dimakakou, 1996).

The findings of the present study are significant because they show that the majority of issues revolve around learning and academic representation as well as the promotion of effective social interaction between Students with and Students without Special Needs.

Students with Special Needs at the University of Crete do not seem to face serious problems regarding the “awareness and support by the academic community” (Mean=.76, Sd=.50) or the building access (Mean=.95, Sd=.59) (see Table 2) according to this study (for more information on accessing University of Crete see: Stefanidis & Vourou, 2003).

The data collected in this study showed that no factor was significantly influenced with regards to the development of social contact and relationships between Students with and Students without Special Needs (Table 4). More specifically, the development of social contact and relationships with Students with Special Needs does not affect students’ perception of the Inclusion Issues. This finding contradicts the findings of other studies. It has been found, for example, that students who have social contact with Students with Special Needs are more positive towards them (Beh-Pajoo, in: Koliades et al., 2000). It has also been noted that students with previous experience of people with Special Needs can deal with Students with Special Needs easier (Ash et al. in: Koliades et al., 2000). Moreover, Thomas et al. (in Konur, 2006, pp. 360-361) carried out research with students of Higher Education and found that “social discomfort, empathy, and fear of having the disability affected their attitudes towards disabled people. These factors were a function of self-esteem, amount of prior contact experience with and the closeness of relationships with disabled people”. To this, we should add findings by Tafa and Manolitsis (2003) which showed that parents’ communication with people with Special Needs influenced positively their attitudes towards inclusion and concluded that the development of interpersonal relationships influences parents’ perceptions about people with Special Needs. Future research could focus on and investigate the issue of developing social contact and relationships with Students with Special Needs and how that might influence students’ attitudes towards people with Special Needs in general. The way a development of relationships between Students with and without Special Needs can promote the inclusion of Students with Special Needs in the academic community is also worth of investigation.

The fourth hypothesis of this study is satisfied only in relation to the factor “Learning facilities, access to knowledge and academic representation” (See Table 5). Results showed that students who attended courses or seminars on Special Needs are more aware and better informed about the learning difficulties Students with Special Needs are encountering with. Namely, students who attended courses or seminars on Special Needs realize that the University does not provide suitable services to Students with Special Needs (transportation to social and athletic events and activities, partnership schemes with Universities abroad for student exchange, suitable building facilities and resources for students with sight and hearing impairments) nor does it support participation into other aspects of academic life (representation into committees etc.). This finding shows that courses or seminars on Special Needs contribute to the development of awareness and understanding of Students with Special Needs and the problems they face during their studies. It also comes to add to the general effort made in recent years for raising the public awareness about issues in the life of people and students with Special Needs (Parker, 1998). It comes to an agreement with findings from other research (Kypriotaki, 2007) which investigated pre-school teachers’ perception and understanding of inclusion. This study showed that pre-school teachers who had attended seminars on Special Needs

were more positive towards inclusive education than those who had not had any kind of update. It shows that knowledge about Special Needs enables and promotes positive attitudes towards inclusion. The research carried out by Koliades et al. (2000) showed that attendance of compulsory or optional courses on Special Needs does influence students' perception about Students with Special Needs to a significant degree. "71% of the students who have attended compulsory and optional modules on Special Needs Education believe that Students with Special Needs cannot progress in the same pace as other students. 77% of them also believe that the use of alternative methods of assessment is necessary for Students with Special Needs" (Ibid., 84).

The results of the present study showed that only the factor "Building access" was differentiated according to the gender of Students without Special Needs (See Table 6). Specifically, female students found building access more difficult than male students. This allowed us to assume that female students were more aware and sensitive to the movement problems of Students with Special Needs. This finding is similar to that of Tervo, Azuma, Palmer and Redinius (2002) which shows that gender affects stances and attitudes towards people with Special Needs. Their research showed that a) female students of medicine had more positive perception of people with Special Needs than the male medical students and b) female students of medicine were less preoccupied towards people with Special Needs.

The fifth hypothesis of our research is also partly satisfied since age appears to influence the factor "Learning facilities, access to knowledge and academic representation" only. There seems to be significant difference between Students without Special Needs aged 18-20 and 21-23 with regards to their perception of access facilities and resources for Students with Special Needs (see Table 7). Namely, students aged 21-23 can identify access difficulties for Students with Special Needs to a greater degree than other groups. This might be due to the fact the students become more aware of the problems after the first 2 or 3 years of their studies. During this time students come to terms with the problems their fellow Students with Special Needs encounter, the deficiencies of the services provided, the lack of representation in committees and the limits in their social and academic life which make inclusion difficult.

In the present study, no factor showed significant difference in reference to the gender of Students with Special Needs. This means that part of the fifth hypothesis was not satisfied. Efklides et al. (see Mitsopoulou et al., 2002) found that male students focus more on issues of studying, exams and the improvement of their marks with the aid of some techniques as well as the development of professional skills and their professional development after graduation. Female students on the other hand are less occupied with issues related to learning, exams and the professional development.

The fifth hypothesis is partly satisfied by the correlation between the ages of Students with Special Needs and "Learning facilities, access to knowledge and academic representation" (see Table 8). There seems to be significant difference between the age groups 18-20, 21-23, 24-26 and 27-29 when it comes to the way they perceive difficulties in accessing the facilities and resources. Students aged 21-23, 24-26 and 27-29 find access more difficult than students aged 18-20. This shows that 2 or 3 years after registration Students with Special Needs find academic life harder and they come to

realize the limitations the building and resources impose on them. Students do not seem to be knowledgeable before they enter University so they can actually make a more informed choice about the subject and the Department they would like to study in (see also: Ralph & Boxall, 2005).

In summary, the present study showed that:

- a) There are no differences in the students' perception of problems Students with Special Needs face during their studies.
- b) Students in general agree that Students with Special Needs encounter difficulties in accessing learning resources and academic life, including the development of social interaction with their fellow students at the University of Crete.
- c) The development of social contact and relationships between students with and without Special Needs does not influence their perception of the inclusion difficulties.
- d) Students who attend courses or seminars on Special Needs can easily identify the problems Students with Special Needs encounter in learning and academic development.
- e) Female Students without Special Needs identify more difficulties in the building access than their male counterparts.
- f) Age affects students' perception of the difficulties Students with Special Needs encounter with in learning and participation in academic life on the whole.

One of the limitations of the study is that the questionnaire was distributed in the Rethymnon campus of the University of Crete only. It means that the research did not cover the total number of the University Departments. It is of equal interest to collect information about the rest of the University, especially the Departments located in Iraklio. Besides, this research could well be carried out in other Greek Universities so that there is a greater coverage of the student population enrolled in Higher Education (please note, this kind of research has already been conducted in the University of Athens and the Aristotle University of Thessaloniki). It is also important to examine the teaching and administrative staff's attitudes towards Students with Special Needs. We could even investigate the way teaching staff and Students without Special Needs see alternative methods of assessment used for Students with Special Needs. Parents of students could also be contacted so that we find in detail how families deal with their children's inclusion difficulties during their studies in Higher Education. Students' stances and attitudes towards people with Special Needs in general could well be the focus of further investigation. Equally, it is important to find out how students see the professional development of their fellow Students with Special Needs. This strand of research can effectively contribute to the combat of biases towards people with Special Needs and promote their professional and social inclusion.

Following the analysis of data and the review of the relevant literature we would like to propose some further action that needs to be taken:

- People need to be informed about learning difficulties, diseases, impairments, disabilities and Special Needs in general so that they understand the impact of disability on people's lives, the problems they accrue, and the support which is necessary for effective treatment. Although the whole society should be addressed,

public services, institutions and staff which directly deal with this vulnerable social group i.e. the people with Special Needs should be particularly targeted.

- Current legislation needs to be updated, reformed and re-developed into a detailed, coherent and integrated framework that covers all the different cases of Special Needs and disabilities. Upon diagnosis each family should receive a copy of the legislation and updated copies after that. This will ensure the continuous updating of people about their rights. It will also raise the awareness of the society and remind citizens about their obligation to help and support people with Special Needs.
- There is a need for development of facilities and support networks for people with Special Needs. This includes the promotion of inclusion in Higher Education, the provision of technical support such as computers and audio-visual equipment, the training of specialists, the maintenance of a detailed register of Students with Special Needs as well as the provision of direct support and consultation for the continuous development of every aspect of students' academic life. There is a need for a support unit in every University which will organize:
 - Voluntary groups of support
 - Activities and events for social interaction between Students with and Students without Special Needs
 - The establishment of associations that will participate in committees and ensure the academic representation of Students with Special Needs.
- Strong liaison needs to be developed between support units of other Universities in Greece and abroad. This can be extended to other agents and services (See also: Kalantzi-Azizi, 1996b, 1999; Kalantzi-Azizi et al., 1996; Mitsopoulou, Efklides, Kourtis, & Christides, 2002; Stein, Manco, & Manco, 2001; Kaltsogia-Tournaviti, 2003; Wall & Sarver, 2003; Taylor, 2005).

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THE DYSLEXIC INDIVIDUAL COGNITIVE STYLE. A CASE STUDY FROM THE AGRICULTURAL UNIVERSITY OF ATHENS

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Abstract

Dyslexic people can often perform a range of complex tasks, such as solving complicated problems in science or design. In this paper, we present a case study in which a student at the Agricultural University of Athens, Nikolas, 21 years old, diagnosed from the age of 10 years as dyslexic, has had the opportunity to identify his personal cognitive style. The dyslexic individual cognitive style is based on identifying one or more deficits in cognitive skills, such as: learn to read and spell, arrange and organize writing, copy from the board, remember instructions, tell the time or find the way around, organize mind maps of a lecture. In this case, the cognitive style is quite comprehensible, as the strategies Nicolas has developed for dealing with many aspects of his life clearly disclose it. We also discuss Nicolas' meta-cognitions and learning disabilities, in order to explain the inconsistency between his poor memory for words or sequences of letters, and his abilities and achievements. Nicolas was helped to develop the skills that are necessary in order to manage the course demands successfully.

Keywords: Dyslexia; individual cognitive style; learning disabilities.

1. Introduction

This study examines the relationship between the learning style of university students and dyslexia. Its aim is to determine the impact that dyslexia and cognitive style have on learning processes in Higher Education (Mortimore, 2004, 2006) as well as to identify ways in which students can be enabled to reach their potential, by considering the opportunities that Special Education interventions can offer (Kalantzi- Azizi, Rott, Tsinarelis, & Charila, 1986; Tsinarelis, 1986; Drossinou, 2004, 2005a, b, 2006).

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There are a number of current definitions about specific learning difficulties and dyslexia, many of which have focused upon the traditional concept of dyslexia as an unexpected or specific difficulty with aspects of literacy in an individual who is otherwise performing adequately in an age-appropriate way. The Dyslexia Institute provided the following definition: “Specific Learning Difficulties (Figure 1) can be defined as organizing or learning deficiencies which restrict the students’ competencies in information processing, in motor skills and working memory, so causing limitations in some or all of the skills of speech, reading, spelling, writing, essay writing, numeracy and behaviour” (Dyslexia Institute, 1989; as quoted in Pumfrey & Reason, 1991). This definition is a deficit-oriented one that focuses upon the student’s difficulties. However, it gives a broad picture of the types of learning differences often encountered in dyslexic higher education students and was taken as the basis for this project.

Research into dyslexia has traditionally been carried out within the medical paradigm and focused upon a population of dyslexic school children. This study adds to the growing body of research into the needs and experience of dyslexic adults within higher education (Heaton & Mitchell, 2000; Morgan & Klein, 2000; Hunter-Carsch, 2001; McLoughlin, Leather, & Stringer, 2002; Riddick, Farmer, & Sterling, 1997, 2002; Mortimore, 2004, 2006; Hudson, High, & Otaiba, 2007). Much research with adults tends to focus either on reading difficulties or dyslexia acquired as the result of brain damage and all the processing difficulties associated with this. However, dyslexia is not a condition that disappears once an adult has learnt to read. As Frith (1997) states, dyslexic children grow up into dyslexic adults and many (those whose reading has developed sufficiently for them to gain the appropriate qualifications) move on into higher education. The National Working Party on Dyslexia in Higher Education established that the overall incidence of dyslexia in higher education is 1.2% - 1.5% (Singleton, HEFCE Report, 1999).

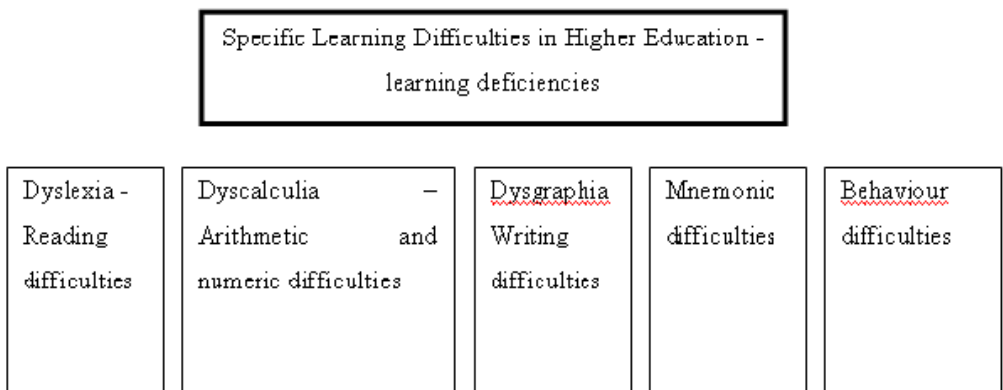


Figure 1
Specific learning difficulties and dyslexia.

The needs of dyslexic students in higher education have been documented by Klein (1995), Miles and Gilroy (1986) and Riddick et al. (1997, 2003). The most persistent difficulties they report include memorizing names, facts and sequences; written assignments; word-retrieval; note-taking and getting ideas down on paper, either as notes from lectures or in assignments. They also report that reading frequently remains effortful.

To these should be added a range of difficulties linked both to study and to day-to-day functioning (Karademas, Kalantzi-Azizi, & Efstathiou, 2002). The challenges posed by a different type of less structured study, and the frequently large-scale and impersonal environment of a university, are exacerbated by the memory, time and spatial difficulties that beset many dyslexic students and contribute to a distinctive pattern of learning needs.

1.1. Dyslexia And Cognitive Style And The Implications For Learning

The definition of dyslexia provided a few paragraphs above focused upon difficulties and deficits. In contrast to this approach, West (1997) claimed that dyslexia might be linked to talents associated with superior visuo-spatial skills and cited Albert Einstein and Leonardo Da Vinci as examples of talented individuals who might have been dyslexic. It has been suggested that dyslexic individuals may tend towards a more visuo-spatial learning style (Morgan & Klein, 2000; Mortimore, 2004, 2006), as well as that they can be disadvantaged by the possibility that much academic material is presented in a verbal-sequential way.

Some attempts to relate dyslexia to particular patterns of learning style have drawn upon theories of hemispheric specialization (Hudson et al., 2007), emphasized visual-spatial aspects of learning style and tended to underestimate the complexity of cognitive style research. At this point, it is essential to provide a definition for both terms currently in use: “cognitive style” and “learning style”. In 1937, Allport defined “cognitive style” as an individual’s habitual or preferred way of processing information. The term “learning style” describes the application of cognitive style to a learning situation (Riding & Rayner, 1998). Interest and research in cognitive or learning styles has been ongoing since the 1930s and has proliferated in a range of domains outside psychology. This has led to the promotion of a range of types of models for cognitive or learning style (Desmedt, & Valcke, 2003; Dunn, 2003).

De Bello (1990) suggested a list of criteria for assessing whether a style model is ‘major’. These criteria include a strong research base; a historical perspective; influence on others; association with current educational issues and a strong reputation within the field of style research. There is evidence that Riding’s model for cognitive style and his Cognitive Styles Assessment instrument meet these criteria. Therefore, we employed this model for the present project.

Riding and Rayner’s (1998) review of the literature identified over 30 learning style labels. Their model suggested that these can be reduced into two principal cognitive style dimensions: a) the wholist - analytic style dimension, which refers to whether an individual organizes information into wholes or parts; and (b) the verbal- imagery style dimension, which refers to whether an individual represents information during thinking verbally or in mental pictures.

This model is related to the suggestion that dyslexic learners might tend towards a visuo-spatial style. Such a suggestion would enable a more objective observation of the student's spontaneous processing style. Research reviewed by Schmeck (1988) and Riding and Rayner (1998) suggests that an individual's cognitive style is considered to be stable across both social and learning situations. It is not situation specific. Everyone falls somewhere along each of these two continua: wholist-analytic or verbaliser-imager. An individual's style can be wholist-imager, analytic-imager, holist-verbaliser or analytic-verbaliser. Some individuals fall near the middle of one, or both continua and can be analytic-bimodal, wholist-bimodal, intermediate-imager, intermediate-verbaliser or even intermediate-bimodal.

The analytic-imager or wholist-verbaliser styles are described as more flexible and easily adapted to different situations. Should evidence be provided that dyslexic students tend towards the less flexible wholist-imager style, this could indicate an increased vulnerability when presented with information in ways that do not match this style. A computer programme, the Cognitive Styles Analysis, which examines the way in which an individual approaches a number of simple tasks, assesses Riding's cognitive style dimensions. Any positive correspondence between wholist-imager cognitive style and dyslexia might provide empirical support for the suggestion of a link between visuo-spatial skills and dyslexia.

The Agricultural University of Athens is currently in the process of developing a range of special education support programs, in order to meet the specific learning needs of dyslexic students. These initiatives are making use of the human relations training methods and their effects on personality characteristics (Malikiosi- Loizos, 1997). Considering the more or less rigid ways of presenting information in higher education, we have long underlined the need for more specialized psychological and pedagogical interventions (Coffield, Moseley, Eccleston, & Hall, 2004; Drossinou, 2004, 2005a, b, 2006; Kalantzi- Azizi et al., 1986, 1997). Also, we have noticed that there is greater success in a lecture task when the learner's cognitive style is matched with the style of lecturing, motivation provided and academic attachment (Broonen, 1999). Particularly, when the personal style is one of the less flexible or adaptable, such as wholist-imager, then an appropriate psychological-pedagogical intervention is needed.

1.2. Aim

This study aims to uncover information about the learning experiences and needs of a dyslexic High Education student. Additionally, the study examines the effectiveness of an individualized educational program, which is based on the principles of special education (Coffield, et al., 2004; Drossinou, 2004, 2005a, b, 2006) and psychological counselling (Kalantzi- Azizi et al., 1986, 1997; Malikiosi- Loizos, 1997). We believe that methods effective for dyslexic students are similarly appropriate for facilitating the progress of other students for whom the widening access agenda has also opened the higher education door. In this paper, we will focus on a particular case, Nikolas, who is a 21 years old student, diagnosed as a dyslexic more than 10 years ago.

In particular, the study seeks to examine the following questions: Is dyslexia associated with a predominant cognitive style? Is variation in cognitive style associated

with differences in the ability to assimilate information coming from the form of presentation? What is the relationship between the ways in which information is organized, and the successful comprehension of that information? How do individual's cognitive style and dyslexia impact this relationship? Is the assimilation of information in students with dyslexia successful when employing mind maps - lectures? What are the implications of this for mnemonic practices in higher education?

2. Method: A case study

Nikolas, enrolled at the Agricultural University, had registered himself as dyslexic. We should note that there is a controversy over issues related to the identification of dyslexia, which is based on the formal psychometric diagnoses carried out by trained special educators and psychologists. The use of more informal pedagogical and psychological methods, through discussion on the individual's life history with a focus upon literacy, memory and processing skills, as well as on cognitions, motivations and emotions (Singleton, 1999; Rott, Figueiredo-Dias, & Broonen, 2002; Burden, 2005; Drossinou, 2004, 2005 a, b, 2006), may help us better estimate the whole condition. In any case, our intention is to understand the performance of the dyslexic student on the typical university task of acquiring information through a lecture, as well as to investigate the impact of the personal cognitive style and the severity of dyslexia on the course learning outcomes.

In the case of Nicolas, the aim of our intervention, which was lying within the broader context of special education, was the enhancement of personal study skills (e.g., study strategies and tactics), academic skills (such as in reading and writing) and communication skills. We also aimed in improving the existing time-management skills, with an emphasis to schedule planning. An additional goal was to help Nicolas build self-monitoring skills and create a 'meta-cognition' in which concepts like planning, monitoring and the evaluation of the learning process, were combined with the concepts of learning and knowledge. At the same time, we had discussions about the necessary resources for well-being, effective stress management, as well as about the role of life situations (Burden, 2005) in motivation, goals and self-regulation (Figure 2). For example, a task was devised according to which Nicolas watched videotaped lectures, coded information in a personal way with the development of mind maps, and finally created memos with answers to questions regarding the content of the lectures. Although the script of the lectures remained identical, two versions of them were created: one with verbal reinforcement overheads (verbal reinforces), the other with more visual reinforcement overheads. Furthermore, Nikolas was discussing about his experiences in higher education, as well as about his learning preferences.

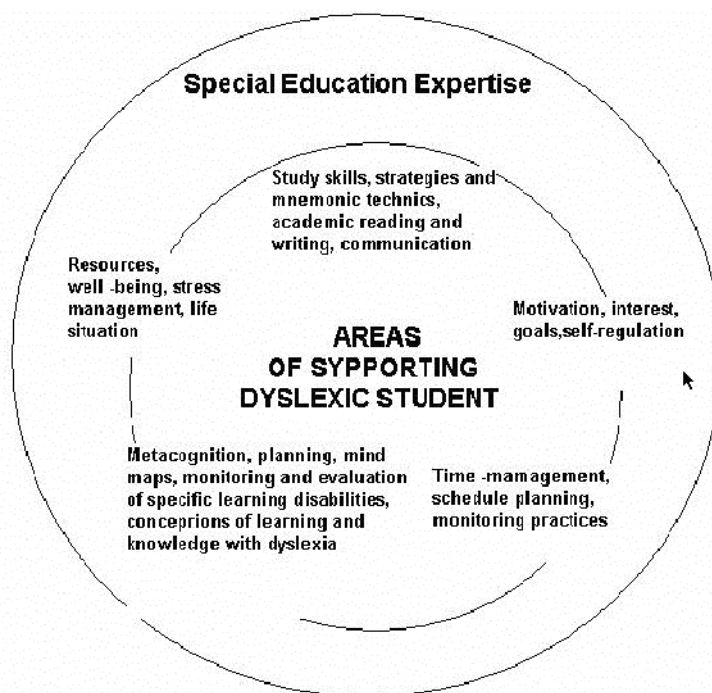


Figure 2
The special education expertise areas of supporting

In the case of Nicolas the cognitive style is especially apparent, as the strategies he had developed for dealing with many aspects of his life clearly reveal it. Moreover, he perceived his dyslexia as a ‘different way’ of thinking, learning and processing information (Burden, 2005). Nicolas was spending approximately 90 minutes every week covering the following activities:

- * A 15-minute period for discussing his personal Cognitive Style with an emphasis on the time needed and the appropriate ways for processing the information provided in a lecture presentation.
- * A 30-minute period for completing a task-table according to an overall evaluation of the difficulty of each lecture (i.e., as a very difficult, difficult, or easy to process).
- * At a suitable time, printed information about the academic and social implications of the personal cognitive style and emotional status were discussed.
- * Also, an attempt was made to ensure that the dyslexic participant was equally exposed to the alternative lecture presentations, as well as to personal attempts to process and understand lectures.

In Figures 4-6, we can see his efforts for the construction of effective mind maps. In Figure 4, Nicolas' mind-map is presented in cycles. In some cycles, questions regarding reading and achieving are presented. Each cycle containing a question is linked to another cycle containing an appropriate answer - strategy for dealing with that particular question. In Figure 5 a similar mind-map is presented, but Nicolas is using now a clearer handwriting, while in Figure 6 Nicolas used his personal computer to complete the task for the first time. In Figure 6, a more elaborated way of presenting a mind-map was constructed by Nicolas. Finally, Figures 7 - 9 show us the progression and refinement of Nicolas' cognitive style (he is using only a PC for presenting his mind-maps).

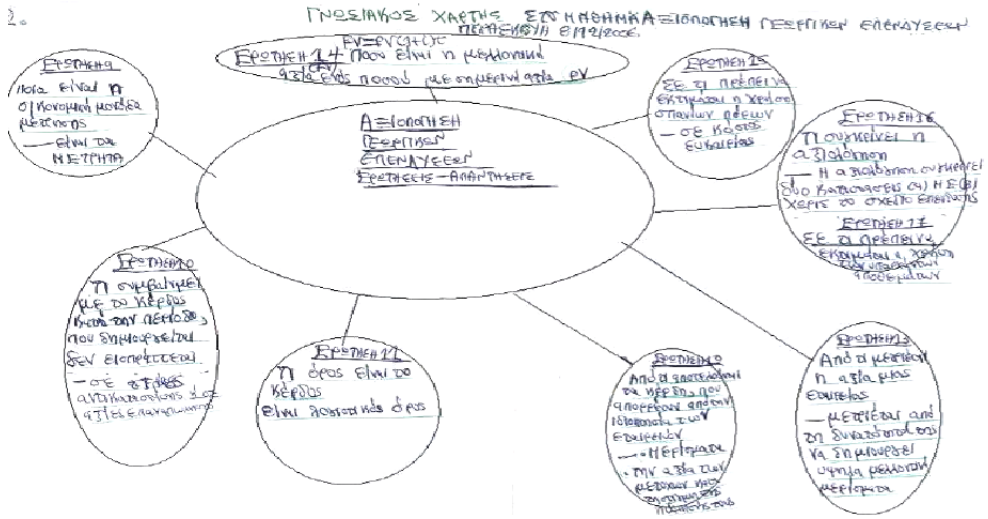


Figure 5
The dyslexic individual's learning style: mind map

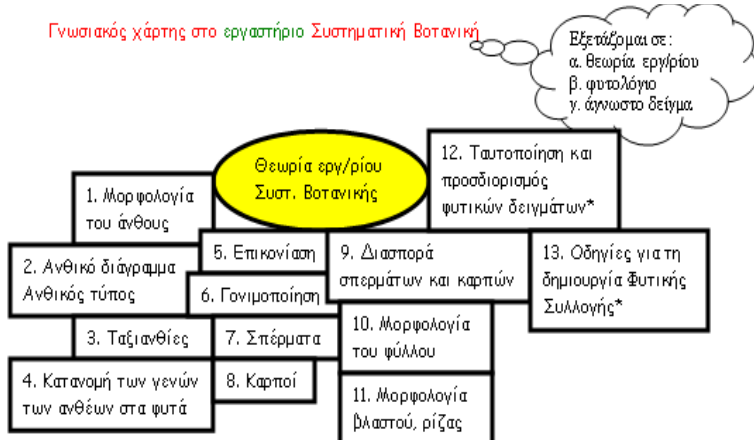


Figure 6
The dyslexic individual's learning style: a mind map using PC

LESSON: SYSTEMATIC BOTANIC

TABLE: TIMES 'S STUDY

CHAPTER	PAGES	TIME NEED FOR STUDY
1.	11-26	120'
2.	31-32	5' (LITERATURE)
3.	33-41	60'
4.	43-44	15'
5.	45-51	60'
6.	53-56	30'
7.	57-59	20'
8.	61-68	60'
9.	69-72	30'
10.	73-86	90'
11.	87-92	60'
12*.	93-99	20'
13*.	101-106	20'
Φυτολόγιο	67 δείγματα	60'

SUMMARY TIME: 650 MINUTES = 11 HOURS TO 10'

NOTE: FOR THE LITERATURE I RUN THE KEY WORDS

Figure 7

The dyslexic individual's cognitive style: individual recording on the time spent for studying

SYSTEMATIC BOTANIC

Βρύοφυτα
Πτεριδόφυτα

FAMILIES OF PLANTS (referral the theory):
 Umbelliferae(=Apiaceae), Magnoliaceae,
 Nymphaeaceae, Dipterocarpaceae, Valerianaceae,
 Compositae, Labiatae, Orchidaceae, Malvaceae,
 Cruciferae, Rosaceae, Iridaceae, Dilleniidae,
 Asclepiadaceae, Apocynaceae, Asteridae,
 Loranthaceae, Gramineae(=Poaceae), Lilliaceae,
 Papilionaceae(=Fabaceae), Amaryllidaceae ae,
 Araceae, Fagaceae, Boraginaceae,
 Caryophyllaceae, Cucurbitaceae,
 Dispacaceae, Sparganiaceae, Cistaceae,
 Juncaceae, Primulaceae, Oxalidaceae, Violaceae,
 Malvaceae, Rubiaceae, Proteaceae, Pyrolaceae,
 Orobanchaceae, Cyperaceae, Polygonaceae,
 Ranunculaceae, Betulaceae, Amaryllidaceae,
 Leguminosae, Solanaceae, Myristicaceae,
 Ericaceae, Geraniaceae, Pinaceae.

Figure 8

The dyslexic individual's cognitive style: Nicolas is working with his PC in identifying and presenting the family words included in a lecture

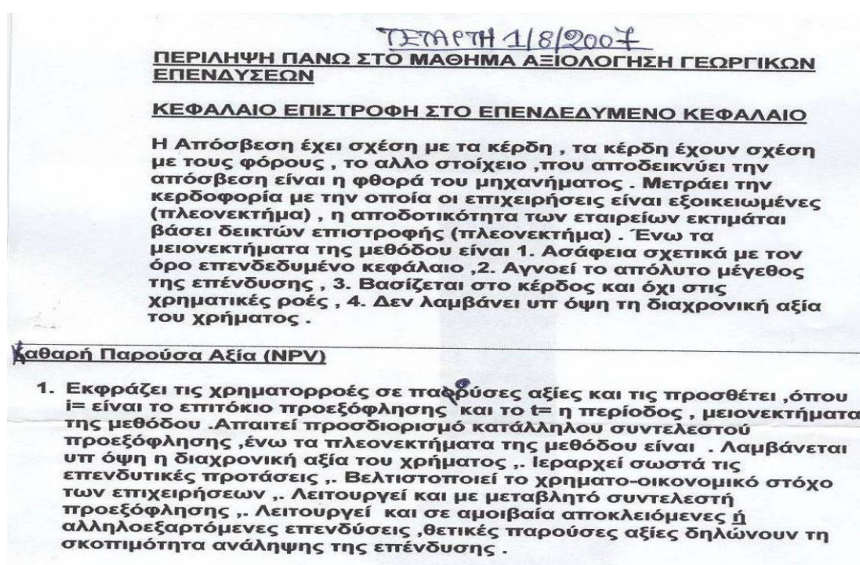


Figure 9

The dyslexic individual's learning style: resuming a lecture

4. Conclusion

A further aspect of the study was to explore, through interviews and sessions, the extent to which students, both with and without dyslexia, feel that their learning needs are met in the current university environment. Dyslexic people can often perform a range of complex tasks, such as solving complicated problems in science or design. The dyslexic individual cognitive style is based on identifying one or more deficits in cognitive skills, such as reading and spelling, organizing writing, copying from the board, remembering instructions, using mnemonic tactics, telling the time or finding the way around, organizing mind maps of the lectures/courses.

At the Agricultural University of Athens, dyslexic students are typically experiencing more difficulties in remembering and using information from the lecture. Usually, they take notes as the most common way of storing information. However, such methods maintain a sense of insecurity for a high proportion of dyslexic students, who are not taking part in special education support programs. These educational support programs are offered on a one-to-one base and involve tasks that correspond to the reading abilities/difficulties of the student and to the strength of correlation between reading speed and other dyslexia problems. This is sometimes termed as the 'double deficit theory of dyslexia' (Wolf & Bowers, 2000). Furthermore, Frith (1997) supports that adults who have compensated for dyslexia sufficiently to gain entry to Higher Education remain affected by underlying difficulties with reading. Thus, it has also been suggested that some dyslexic individuals experience difficulty with rapid naming and word retrieval along with phonological processing (see for example Figure 8 in our case study).

Findings from mind maps (Figures 4 - 6) provide support to the suggestion that dyslexic students show a greater tendency towards a visuo-spatial style of processing. There is little evidence that reinforcing lectures with simple graphics enables dyslexic students to access the information contained in them more effectively. However, the interviews and the individual sessions with Nicolas seem to offer further insights into the relationship between dyslexia and cognitive style, and the student's feelings about the type of support that would be more helpful to him. There is some indication that the opportunities for developing meta-cognition abilities, as well as for developing a language in which to discuss learning style theory and its practical implications can help students develop their own independent skills in tackling the range of tasks implicit in academic life.

In the case of Nicolas, findings are rather clear. The cognitive style is especially apparent, as the strategies he had developed for dealing with many aspects of his life clearly reveal the pattern (Burden, 2005). It seems that, like Nicolas, most dyslexic students experience significant difficulties in retaining and using information from the lectures, irrespective of the course type. It is worth noting that there is a group of non-dyslexic students, with other types of learning difficulties, which would also welcome receiving more support offered in special education interventions.

Nicolas finally managed his dyslexia as a "difference" in the way he thinks and learns, while he emphasized his awareness of a different way in processing information (Figures 3, 9). Nicolas also achieved a more complex manipulation in storing and retrieving information with the use of specific mnemonic techniques. Our objective in special education in Higher Education, in this and every similar case, could be summed up in the phrase "[the] mind [of the dyslexic person] operates differently than the normal; but that does not mean it doesn't work right, just different". This perspective might be really beneficial considering the current focus of policy makers on widening access to University to a broader range of students from less traditional backgrounds, who may well have a range of support needs.

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STUDYING WITH A PSYCHIATRIC DISABILITY AT A BELGIAN UNIVERSITY: AN EXPLORATORY QUALITATIVE STUDY

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Abstract

An exploratory qualitative study of educational challenges for 41 Belgium university students with self-reported psychiatric disabilities was conducted through individual interviews. The interviewer was a staff person working in the Student Services Department. Five predominant themes emerged: (1) administrative and practical skills (2) academic skills (3) emotional skills, (4) social skills and (5) stigma. Findings suggest the need for greater sensitization of staff of the students' concerns as well as a need for the employment of disability officers at this long established Catholic university of approximately 27,000 students in a small town of 90,000 people.

Keywords: Psychiatric disability; stigma; supported education; student services.

1. Introduction

The deinstitutionalization movement and the improvement of medications made it possible for young adults with a psychiatric disability to attend university (McKee, 2000; Unger, 1992; Weiner, 1996). Various authors mentioned an increasing number of these students attending universities worldwide (Matusow-Ayres, 2002; Weiner & Wiener, 1996; Carter & Winseman, 2003; O'Malley, Wheeler, Murphey, O'Connell, & Waldo, 1990; Benton, Robertson, Tseng, Newton, & Benton, 2003). These students have the intellectual ability although their academic career is often compromised by their illnesses: for example, symptoms and episodic set-backs can affect enrolling as a full-time student (Weiner & Wiener, 1997). Supported education programs have been developed to provide academic accommodations to this population of students.

In Belgium, supported education initiatives are just emerging. Under current state legislation, educational institutions are not obligated to offer support services to student non-traditional groups (e.g., students with disabilities), contrary to a number of foreign countries such as the United States and Canada.

At the university where this study was conducted, services for students with physical disabilities have been provided over the past thirty years. The intention is to expand services to students with psychiatric disabilities. As there has been no research to date, in this field, in Belgium, the purpose of this research study was to investigate the educational concerns of university students with psychiatric disabilities.

The research addresses the following questions:

- What concerns do students with psychiatric disabilities identify while studying at this particular Belgium University?
- What solutions do students suggest for these concerns?
- Do they experience discrimination?

Because of the exploratory nature of the research design, a qualitative approach was used, with the focus on students' perceptions of their educational experience. This approach (developed to glean a comprehensive overview of students' experiences and needs within a specific time frame) has been used in supported education literature, although often with limited participants, e.g., Weiner (1997, 1999) interviewed 8 students, Dougherty and Campana (1996) had 26 participants, Weiner (1996) had three students, and Sung and Puskar (2006) 21 participants. Moreover, the research has focused on various themes concerning studying with a psychiatric disability, e.g. studying with schizophrenia (Sung & Puskar, 2006), factors involved in the decision to withdraw (Weiner & Wiener, 1997), the meaning of education for these students (Weiner, 1999) or the role of the family (Weiner, 1996). Studies like these provide a rich picture of the living environment of this particular population of students.

2. Method

2.1. Participants

Forty-six students (36 women, 10 men between the ages of 18 and 25) participated in the study on a voluntary base. The majority (N=27) were referred by the medical doctors on campus through the preventative voluntary medical screening process for first-year students. Nine students responded to advertisements that were placed in campus newspapers and on the digital learning site of the Faculty of Psychology and Educational Science. Other students took part in the research interview after a member of Student Services invited them to participate.

Self-reported diagnoses are presented in Table 1. According to their testimony, all students had been officially diagnosed. Co-morbidity was reported by 17 students. The Office of Student Services did not have documentation of their psychiatric history as there was no formal program in place for these particular students at the time of this study. Five additional students were referred but not included in further analyses as their psychiatric disability was not officially confirmed by anyone at the time of this study.

The majority of the participants (23) were first-year students. Five students were in the second year of their bachelor degree; two had reached their third year, four students were in their fourth year and one in the fifth year of higher education. One PhD student also participated in the research. Five first year students were excluded from further analyses as they did not have a reported psychiatric disability.

The students were enrolled in Faculties of Human Sciences (32), Exact Sciences such as biology, chemistry, physics (4) and Biomedical Sciences (3). Nearly all students (37) took a full course load and only four students studied part-time.

Table 1
Self-reported Diagnoses of the Participants

Diagnosis	Number
Depressive disorder	19
Anxiety disorder	11
Eating disorder	7
Personality disorder	1
Attention and conduct disorders	5
Multiple personality	1
Substance-related disorder	1
Schizophrenia and other psychotic disorders	2
Autism spectrum disorder	5
Posttraumatic stress disorder	1
Obsessive compulsive disorder	4
Bi-polar disorder	2

2.2. Research Design

A semi-structured interview was conducted. The interview was designed to address four main themes: (1) studying (with questions about the curriculum), barriers and support, (2) housing, (3) illness and history of mental health support and (4) an evaluation of the university's Student Services Department. Challenges were addressed according to the inventory of Parten and Campisi (1991), with a focus on practical, academic, emotional and social skills. Individual skills were discussed; Students were asked whether each skill, e.g. time management, asking questions etc, presented difficulties for them and, if so, to explain the nature of these difficulties.

The interviews were conducted between April and December 2006 in the office of Psychotherapeutic Services for Students. All students agreed verbally to the tape-recording of interviews. The audio recordings were then transcribed by the researcher. Depending upon the experiences and the conversation style of the participants, interviews took between 45 and 150 minutes. The answers of all students were grouped according to questions and themes.

3. Results

Three major themes emerged: administrative/practical, academic and social/ emotional challenges to students' skills with a heightened emphasis on experiences with stigma. (Experiences with stigma, I think, come under social/emotional challenges.) The challenges students with a psychiatric disability experience while studying at this university are presented according to the work of Parten & Dampisi (1991). The focus was on administrative, practical, academic, emotional and social skills respectively. The way in which students experienced stigma is also discussed

3.1. Students Skills

3.1.1. Administrative and practical skills

While students need to find their way through the maze of services, courses, and even streets in this university town (See Table 2), only 10 students reported problems in this area.

In regards to transportation to campus, ten students reported problems in this area. In some cases, finding their way was difficult, especially at the beginning of their studies. After a while, they got used to it, making the challenge a temporary one.

I was quite nervous about it, so every time I had to go somewhere, I observed the map and took it with me. My mom studied here too, so when I got lost, I called her: "Help. Where am I? Where do I have to go?" Because everything was so new, it frightened me.

Transportation remained a problem for a minority of students. They lacked experience with public transport, and avoided its use. Arriving on time also remained a source of stress. A student with obsessive compulsive disorder explained:

It's not that difficult in itself, but I check and recheck it so often, because I'm afraid to forget, and that I'm going to be in the wrong class. It takes a lot of time ... but I have to do it, just to be sure.

Some related their challenges with transportation to the more general difficulty of leaving a known neighborhood. They felt more comfortable in a familiar environment where they could easily find their way around or readily ask for help.

In terms of accessing administrative services, (e.g., applying for a scholarship, changing a program of study), most students did not face any major problems. However, ten students mentioned some struggles, usually in asking for help and finding the right service. Students complained about the large amount of information that they had to retain in such matters. Only one of the eight students on scholarship reported problems in receiving funding because of a complicated administrative situation.

Eight students encountered difficulties with electronic course selection and confirmation of their choices. For these eight students selecting optional courses was anxiety producing.

You have to select courses you've never had and which you never received information about... How can you know if a course is heavy or if the combination of courses is a good one?

The reported problems with confirming choices electronically were closely connected with uncertainty about using internet applications.

I just clicked 'confirm', while I didn't know what I was doing.

3.1.2. Academic skills

Having good academic skills, e.g. attending classes and completing assignments enabled the students' study process to proceed smoothly (See Table 2).

Not all of the participants were familiar with looking up information in the college library. Among the 31 students who used the library, nine experienced difficulties of

Table 2
Self-reported Limitations in Student Skills

Skill	Limitation	No limitation	Not applicable	
Administrative/ practical skill	Transport to Leuven	10	30	1
	Transport in Leuven	10	31	
	Use of administrative services	10	30	1
	Scholarship	1	7	33
	Picking courses	8	33	
Academic skill	Enrollment in courses	9	32	
	Using the library	9	22	10
	Using online resources	5	36	
	Drawing up a time schedule	24	17	
	Following up a time schedule	28	13	
	Note taking	12	28	
	Understanding assignments	6	27	8
	Executing assignments	12	22	7
	Preparing for exams	17	21	3
	Taking exams	15	23	3
	Asking questions	19	22	
	Answering questions	20	21	
	Group work	12	14	15
	Internal distraction	29	12	
	External distraction	26	15	
Emotional skill	Handling emotions	30	11	
	Handling emotional subjects	26	15	
	Going along with emotions	9	32	
	Coping strategies	27	14	
	Dealing with feedback	19	22	
Social skill	Meeting new people	21	20	
	Having a chat	13	28	
	Listening	3	38	
	Showing understanding	8	33	
	Filling up leisure time	23	18	

various kinds, such as feeling intimidated by the space or asking for help. Ten students reported not needing library visits at the time of this study.

I only dare to enter the first floor; I don't feel comfortable on the other floors. If I do need something that's in there, I have to ask fellow students for help or I try to rely on my creativity, like focusing on the book we have to discuss.

Asking for help when I don't find something is difficult for me. I still try... I want to be in the least vulnerable position as possible. Asking for help is like a sign of failure.

Five students reported experiencing problems with college internet applications. However, these problems disappeared once they became familiar with this procedure.

Time management is a critical skill for all university students: Twenty-four students reported problems making a time schedule, and 28 found it hard to adhere to their schedules.

That was already problematic in secondary school. Either my making a time schedule takes more time than putting those plans into effect, or I do not stick to it.

Some students linked their difficulties to certain aspects of their disability.

It's closely connected to my dyscalculia. I've got an understanding of time, but cannot estimate how long I've been busy with something and how long it will still take. Doing a task within a certain time frame is impossible for me. I become overly focused on it because of my autism disorder. I cannot unbend easily. If something happens that isn't scheduled, I'm stuck to what I planned and I continue to still try to do it.

A common problem is the experience of the episodic nature of mental health issues. The unpredictable course of their illness complicated planning; For example, a student with a dissociative identity disorder reported only one alter being motivated to study. When this alter was not in control, studying became impossible. Interference by the 'alters' made it difficult for her to compose a time schedule.

Another student recalled:

How much I do in one day depends on how I feel. If I have a bad week, I am not productive and I have to compensate for the set-back during the good weeks. Of course, this makes work during the good weeks more stressful.

Another difficulty with the episodic course of their psychiatric disability was being able to follow main ideas in lectures.

I think chaotically during such periods, and I'm not able to concentrate well. When I'm in class, I feel strange, and I can't follow the lesson anymore.

Some students used compensatory strategies to manage their classes, e.g., printing out slides in advance, using notes from fellow students. Others avoided the problem by not attending classes.

Most of the students who had received assignments (n=35) found that the instructions were clear and coherent (n=27). When misunderstandings appeared, they were too afraid to approach the responsible person to ask for clarification. More problems existed in carrying out this task (n=12). Students thought they were not prepared sufficiently in secondary school for the transition to university.

It's taken for granted that you've learned everything. For example, they want you to write an essay, but I never did so in secondary school, so I didn't know how to go about it. When you ask for explanations, they are often given without much detail.

A second point of concern was planning assignments that required a great deal of work. Some students never succeeded in starting on time, which made it hard to meet deadlines. One student knew how to turn the situation to his advantage.

I never have any troubles in finishing my assignments on time. I suffer from insomnia, so I often work at night.

Seventeen students shared the opinion that something was lacking in the way they prepared for exams. They did not adapt their study methods sufficiently to be able to understand the content and the way in which the topic was examined.

I don't really feel like taking in the subject material. I'm studying very hard and summarizing everything, but I'm never sure if I know it thoroughly.

Fifteen students reported that sitting for exams did not go smoothly for them; Their stress levels were very high during this time.

I really got sick from it. That happened during the exam or maybe one hour before that.

Stress could also be related to an examination format. One student with Asperger's disease related the following:

For me, a multiple choice exam means poor grades right away. I get the question but I have to ask myself twenty questions before I can answer... I always start reasoning: there are different possibilities, and this and that... I feel a bit foolish then, and frustrated, and it simply doesn't work. I'd rather hand in the blank papers than filling them all out, because it just doesn't work. It drives me nuts... I have academic accommodations to change the examination format in that situation; I can do oral exams instead.

Asking questions to professors was an obstacle for almost half of the students interviewed (n=19). Those who chose to speak to professors mostly did so during breaks or by email. Answering professor's questions in class was problematic as well (n=20) for a variety of reasons: They did not want to look like a 'careerist' who only wanted to get good grades, forgetting everything and everyone else in the process; they tended to stutter when talking in public or they were afraid of giving the wrong answer.

In this study, because there was a large number of first-year students who never had a group assignment (n=15), they were not able to evaluate the question about group work skills. Problems listed by students (n=12) who did have experience with group work assignments included:

1. The division of responsibilities being unbalanced. Students felt they were being used by their peers because of their accuracy and efforts;
 2. Entering into agreements.
 3. Not being involved in the choice of fellow students for their group.
- Their psychiatric disability was evident in these situations.

I feel like an odd bird, always. Either I take things into my own hands, or I don't fit into the group. I never manage to take some position in between. I think that's because others can't figure me out. When I take matters into my own hands, I can say clearly how I want it to be, but otherwise, I'm afraid... It's very difficult for me to be a regular group member. When I had a hard time, we had to do a group assignment, but of course, I couldn't work as hard as the others... The rest had to take care of it, and I had to explain to them why that happened. That wasn't easy, either for them or for me.

A number of students (n=29) complained about losing their concentration in class, on days when they were not well. Some did not attend classes at those times; others did not take part in the lesson and left class when their condition worsened; Still others tried to benefit from classes and saw them as a distraction and a break from worrying.

I really try to attend classes, not necessarily to pay attention and to hear what the professor says, but just to see people, because I know it's really important. Sometimes I didn't go, but mostly I did, just because it provided me with the right structure. When I hadn't attended classes, I felt lost. That structure gives me something to hold on to.

Disruptive behaviour of fellow students was often experienced as inconvenient (n=26).

I have to pay attention in class. Half of my study work happens in class. I often remember word for word what a certain professor said when I read my notes ... So lessons are really important to me. I can't stand it when everyone is chattering. Usually, I look angrily at them, and they fall silent.

3.1.3. Emotional skills

Dealing with emotions (n=30) and emotional issues (n=26) was hard for a number of students. They quoted different maladaptive strategies such as displaying symptomatic behaviour, bottling up their emotions and turning their anger inwards: *I start smoking to much weed when I feel badly and then I hardly get any sleep.*

The experience with emotions differed among the students. Some were able to differentiate their emotional state while others indicated that they did not know how they felt.

Actually, I didn't feel anything for a very long time. I didn't know how it felt to be angry, or whatever. So these are things that I can now feel.

Nine students had difficulties empathizing with others. Reacting appropriately was also cited as a problem.

I have an autism disorder and that's one of the peculiarities of autism. By seeing someone, I can't tell if he's mad or sad or... The only thing I can do is look into their eyes; You can see a lot of things by doing that. I need to count on visual signs because sensing is impossible for me.

Most students (n=27) were not satisfied with their coping strategies. Only a few of them tackled problems, sought out social support or expressed their emotions directly. Their reported coping strategies included:

- Reacting by becoming depressed or highly anxious

Actually, I panic quite easily. By nature, I'm much harried, so when there are problems... I've got a time schedule, and it's very important to me that everything is planned. Everything needs to be under control.

- Waiting or avoiding

I just bottle everything up. Sometimes, I feel like I'm forgetting it, but mostly, problems come back after a while. It's hard for me to solve problems.

- Using palliatives

I immediately take medicine to calm down, mostly Xanax... Otherwise, I can't calm down.

A considerable number of participants (n=19) did not find appropriate ways to handle feedback. They reported dismissing compliments and focusing on negative comments.

Criticism always affects me, and I often feel bad about it. But compliments... I do hear them, but I really don't feel better after someone gives me one; in most cases, I don't believe them.

3.1.4. Social skills

Half of the students (n=21) perceived themselves as persons who rarely formed new relationships.

I think it's still an uphill battle. Often I meet people by coincidence; you talk to people, and you see them in class, but... I'm a bit concerned that I only know a few people. It seems to me that a lot of my fellow students know huge numbers of people while I only know four or five.

A few students linked their social behaviour with their psychiatric disability: For example, they got in touch with a number of people during a manic episode or when they took drugs; some females made contact with other women only because they had been sexually abused by a man. Once they made new contacts, however, their anxiety in social situations diminished. Thirteen students had difficulties initiating a conversation and described talking about trivial matters when they had larger concerns.

For all but three students, listening presented no problem. The three students who reported difficulties in this area considered it part of their autism spectrum disorder.

Five students held the opinion that showing understanding of what people are saying or feeling was not easy for them. It was hard for them to comprehend how others were worried about things that seemed insignificant compared to their own experiences.

Twenty-three students reported problems with leisure activities. More specifically, they felt that they had either over extended themselves or did nothing at all. A recurring theme was the non-social character of their activities.

It's always problematic for me when I go through a hard time...I don't study anymore, while all my friends are preparing for exams, and I have nothing to do. ... It is really boring... How do you fill in your time then?

3.2. Stigma

The experience with stigma was described as a major impediment for thirty-five students.

However, their reactions to stigma varied. Sixteen students tended not to disclose their psychiatric disability, fearing negative responses. A PhD student explained:

I think that there exists some kind of stigma, and that prevents me talking about my problems... It doesn't fit in the picture of a successful researcher. I don't dare to think about telling my colleagues. For example, some weeks ago, I was hospitalized for six days, and nobody at work knew. I don't want to think about what happens when someone learns about that.

Two students stated that they filtered a version of their story.

I sometimes say "I had a hard time at the beginning here.", but that's so vague. I suppose that everyone had somewhat of a hard time then, but with me, it was quite a high degree of 'hard'. ... People have such a negative image about antidepressants or anti-anxiety pills and think that you need to be hospitalized in a psychiatric setting... So I just don't want them to know: It's not their business to know me like that and to know that I'm so vulnerable.

When they did tell their story, they often did not feel understood (n=3). Negative comments from the past hindered them from speaking frankly (n=11).

...for example, about eating, because I've been hospitalized with an eating disorder, they ask questions like "Do you actually eat enough? We only see you eating vegetables and fruit." ... Things like that.

Only six students reported not having a personal experience with stigma. Importantly, these students felt supported by their professors. *After my psychotic episode, I went to talk to a professor to ask for an extension and he gave me an extremely heartwarming reaction.*

4. Conclusions

Forty-one participants gave a first impression of the problems that university students with self-reported psychiatric disabilities face at a Belgium university. Given the specific skills that caused problems for more than half of the students interviewed, it was apparent that they had difficulty, not only with time management and academic skills, as do many students from the general university population, but social and emotional ones as well. Most of these students had a small social network on campus and, thus, when in difficulty, quickly ran out of a social safety net. They reported lacking effective coping strategies to deal with the hassles of daily living. They felt lonely and socially isolated.

One of the major social barriers that these students (N=35) described was that of stigma. Disability offices, along with administration, have an important role to play in creating a more inclusive post-secondary educational environment that would benefit the entire university community.

One of the limitations of this study is that participants were not randomly selected

and may very well not be a representative sample of all university students with psychiatric disabilities. In addition, there was no control group to assess how their challenges differ and are similar to those of the general population of students. Given that the primary interest of this study was to identify the needs of a particular group of students, it provides a good starting point to provide the necessary resources, skills and supports to implement an on campus educational program at a university campus that presently has no formalized services for students with psychiatric disabilities.

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DEVELOPING PERSONAL STUDY COMPETENCE EFFECTS OF SOFT-SKILL-SEMINARS (SSS) FOR STUDENTS

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Abstract

It has been widely accepted that study support measures aimed at developing so called “soft skills”, “key qualifications” or “general professional competencies” contribute to study success. Accordingly, the University of Hamburg has recently institutionalized these study support measures to be part of the regular curricula. For the past 17 years SSS have been offered to students by the Counselling and Psychotherapy Center for Students at the University of Hamburg. Aiming at promoting personal study and professional competence different seminars and workshops focus on topics such as stress-management, academic writing, exam anxiety, time management, learning strategies, exam coaching and rhetoric/self presentation. Seminars last several days or are offered weekly during the course of one term. In a recent study 28 seminars and workshops from 2003 to 2006 (N= 312 students) have been evaluated, having gathered data at the end of each seminar and at a six-month follow up. The results indicate the significant contribution of the seminars to individual processes of change. This development is accompanied by a high degree of satisfaction with the seminar leaders as well as with the organizational and administrative framework of the SSS. In detail the evaluation focuses on identifying variables and conditions related to seminar success. Findings suggest that by providing a broad repertoire of SSS student counselling institutions may not only contribute to develop personal study competence for students but may also influence major university objectives such as increasing study success and lowering drop-out rates.

Keywords: Counselling psychology; college psychology; student services; student counselling; soft skills.

1. Introduction – The Problem

Following the guidelines of the Bologna Process German universities agreed to transform their traditional study structure until 2010. This ambitious transfer to the new

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Bachelor/Master structure progresses at a breathtaking pace posing challenging demands on all participating institutions.

In Germany as of summer 2007 48% of – nearly 12.000 - courses of study at institutions of Higher Education have already been transferred into the bachelor-master structure. At the University of Hamburg already 85% of its nearly 100 courses of study will have been transferred into the new Bachelor-Master system.

The Bachelor/Master system in Germany focuses on improving students' study competence and employability. As it is widely agreed upon, professional competence within the respective field of study is not enough when study success as a whole is concerned: during the years spent at the university students should also acquire adequate levels of emotional and social competence.

Traditionally, counselling and psychotherapy institutions at universities have been contributing to these objectives by offering individual help for personal growth and reintegration. Recently counselling institutions are making increasing use of their professional expertise to contribute to the general development of study skills, personal growth and social competence. At the University of Hamburg these activities have been evaluated regularly (Albrecht et al., 1980; Figge, 1982, 1999, 2002; Solbach, 1994).

Study success can be supported by different processes. Procuring a comparable level of pre-study knowledge through selection processes and bridge programs may improve the fit between the university and the prospective student at initial stages of the study process. Later in order to secure study success, aiming at lower drop out rates and higher chances of employability, a special curriculum has become part of the bachelor/master system.

A variety of flanking study support measures - so called "general professional competencies" have been institutionalized to constitute 15% of the curricula of all newly developed Bachelor/Master programs at the University of Hamburg: for example study techniques, time management, language training, IT-competence (information technology), academic writing, communication competence, career courses and internships.

The Counselling and Psychotherapy Center for Students at the University of Hamburg (CPCS) has been engaged in this development and contributed the experience of 17 years of promoting personal study and professional competence through a wide range of soft skill seminars and workshops.

This study presents the evaluation of all Soft-Skill-Seminars conducted between 2003 and 2006.

2. Method

2.1 Subjects

312 students of the University of Hamburg who participated in 28 CPCS seminars and workshops between 2003 and 2006 were included in the evaluation. Students were mostly following courses within the traditional study structure (Diploma, Magister, State examination). Participation was voluntary with the drop out rate amounting to 15,7% (N= 49). A follow up survey six months after the end of each seminar included 62,7% (N =165) of the participants.

Students were relatively old ($M = 27,9$ years), between 19 und 65 years. They may be characterized as long-time students ($M = 9.2$ semester), 45% of them having already studied longer than 4,5 years. 84% of the participants were pursuing their first degree, in a majority belonging to faculties with high approachability to counselling (56%: Social Sciences, Education, Arts) (Figge, 1991). Female students were largely over-represented in the sample (69%).

2.2 Procedure

All seminars and workshops offered during five terms (winter 2003/04 through summer 2005/06) by the CPCS were evaluated. Seminars may last several days or are offered weekly during the course of one term or during vacations.

Appendix 1 describes for each seminar the respective target group including a list of typical motives given by the participants, its objective, its methodological approach, and its organizational form. Furthermore it is indicated how often each seminar took place and how many students participated in each seminar.

2.3 Design

The study focuses on describing general and differential effects of the CPCS-seminars. Research methods were employed regarding the following objectives:

- What kind of general outcome can be observed?
- Do specific effects exist in different seminars?
- Do male and female students profit to the same degree?
- Do students of faculties with a high approachability to counselling profit in a different way than students of faculties with a low approachability to counselling?
- How do more successful participants differ from those who are less successful?

Evaluation instruments consisted of two specially constructed and pre-tested questionnaires: an "evaluation of the seminar" (18 items) and a "FollowUp" questionnaire (110 items) including multiple choice and open answer modalities. Additionally, a "problem list" allowed each participant to name three main personal problems responsible for participation in the respective seminar. Problems were rated according to personal relevance of the problem, expectation of problem change, and subsequently according to change of relevance and degree of problem change.

Data was collected twice, at the end of each seminar and at a follow up six months later. In order to aggregate the information obtained a factor analysis (principal component analysis) and an item analysis served as methods of grouping existing variables into dimensions of sufficient test reliability for further consideration.

3. Results

3.1 What Kind of General Outcome Can Be Observed?

The analysis of the data obtained yielded four dimensions of outcome as shown below. Indices of dimensions, internal consistency, and examples of items loading high on the respective factor are given (see Table 1).

Table 1
Indices of Dimensions, Internal Consistency, and Sample Items

1. Experience of positive change (11 items, $r_{ic} = .88$)	<ul style="list-style-type: none"> - <i>What had been deadlocked has started moving.</i> - <i>I gained self confidence to be able to solve my problems.</i> - Ratings of change regarding individual problems
2. Satisfaction with the seminar (9 items, $r_{ic} = .72$)	<ul style="list-style-type: none"> - <i>Methods of teaching and working together were very beneficial for my learning and decision process.</i> - <i>The teacher/facilitator was helpful and supportive.</i> - <i>The results of the seminar have been helpful to me.</i>
3. Perception of problem stress (7 items, $r_{ic} = .71$)	<ul style="list-style-type: none"> - Ratings of relevance regarding individual problems
4. Optimism for the future (7 items, $r_{ic} = .64$)	<ul style="list-style-type: none"> - <i>I feel encouraged to try new ways.</i> - <i>I imagine to put into practice what I learned and experienced.</i> - Expectation of change regarding individual problems

The dimensions 2 and 4 represent the current evaluation at the end of the seminar (“satisfaction with the seminar”) including a personal perspective in personal processes of further development in the near future (“optimism for the future”). Dimension 3 (“perception of problem stress”) represents the experience of emotional pressure by the problems as well at the time of the seminar as six months after its termination. The final personal balance of profit associated with the seminar is illustrated in the first dimension (“experience of positive change”). Significant correlations between the dimensions describing the benefit of participation can be observed ($r = .37 - .31$). The perception of problem stress however proves not to be correlated to the other three variables.

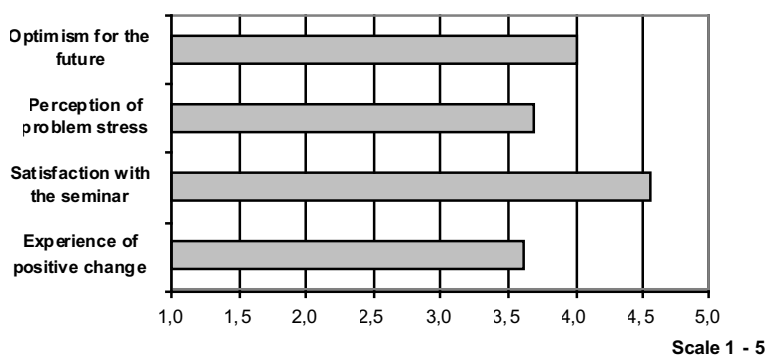


Figure 1
Dimensions of outcome

Ratings in all dimensions are well above the mean of the five point scale (Figure 1). Especially a high degree of satisfaction with the seminars can be noted. Regarding the dimensions indicating favorable change processes (“optimism for the future”, “experience of positive change”) effects remarkably above scale means are observed. Personal problem stress is high.

The decision to participate in the seminars is connected with pronounced expectation of change regarding the different personal problems (Figure 2). Apparently this applies to each of the three problems named.

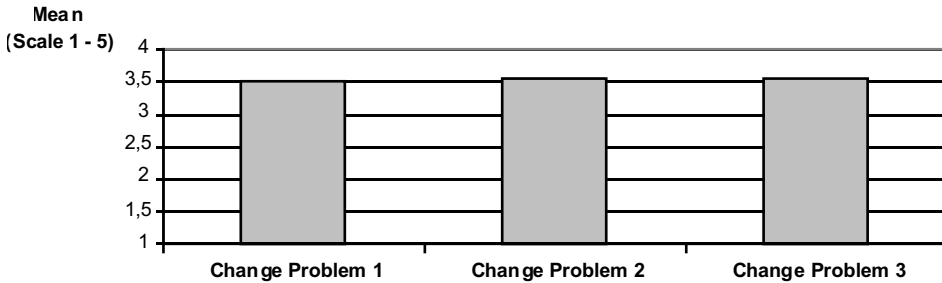


Figure 2
Expectation of problem change (pre)

The three personal problems leading to seminar participation are of high subjective relevance to the students (Figure 3). Evidently students find a slight successive rating of relevance, naming the first problem as the most relevant to them. After participation and the following six-month-interval all three problems are still of subjective relevance but a significant decrease for each problem can be noted.²

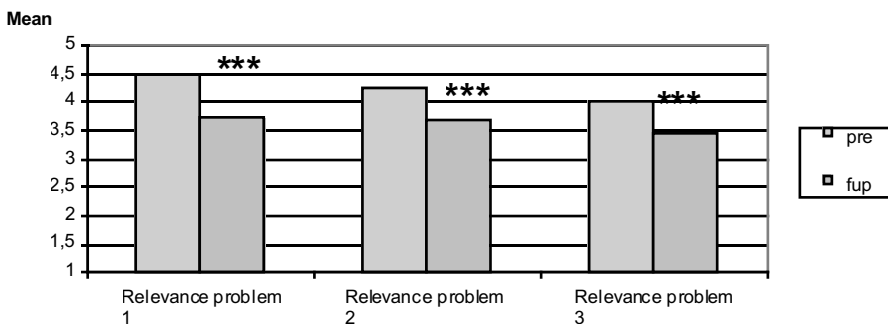


Figure 3
Rating of problem relevance (pre - follow up)

2. respective statistical procedures: levels of significance: *: $p \leq .05$, **: $p \leq .01$, ***: $p \leq .001$, ns: not significant

The reduction of problem relevance coincides with the fact that about 94% of the students report substantial changes regarding their initially named problems at the time of the follow-up evaluation. Six months after the seminar the participants report substantial changes in each of their three personal problems (Figure 4).

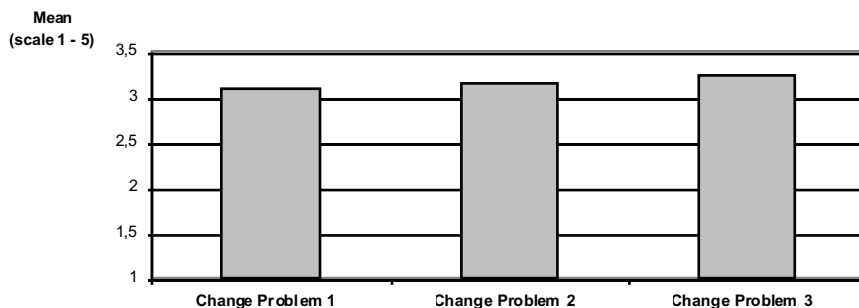


Figure 4
Rating of problem change (pre - follow up)

3.2. Do Specific Effects Exist In Different Seminars?

The composition of the seven group samples corresponds to a large extent to the overall sample. Some differences may be noted due to the different objectives of the groups – students at the end of their studies are overrepresented in “exam preparation”, whereas students in Social Sciences, Liberal Arts and Education tend to participate especially in “Academic writing”.

In determining special effects in the different groups each group was compared with the rest of the overall sample in regard to the outcome dimensions (Table 2). In 82% of the comparisons the outcome observed in the overall sample corresponds to the outcome of the respective group. Notably most differences were found in relation to the degree of subjective satisfaction. Pronounced changes in behavior patterns related to the specific objective of each group have been assessed six months after the seminar. A detailed analysis of the different processes in each group will be subject to presentation in another context.

3.3. Do Male And Female Students Profit To The Same Degree?

The University of Hamburg is an institution of higher education offering the traditional full range of study programs except Engineering. As the Liberal Arts and Education courses of study are mostly chosen by female students, the proportion of female students at the University of Hamburg is considerably higher than the proportion of male students. However, in the SSS-sample an even higher representation of female students can be observed (Figure 5). The distribution of sexes in the different seminars is comparable with one exception: female students are overrepresented in “Learning strategies.”

Table 2
Comparison of Each Group with the Overall Sample Regarding Outcome Dimensions

	Experience of positive change		Satisfaction with seminar		Perception of problem stress		Optimism for the future	
	M	SD	M	SD	M	SD	M	SD
Overall sample	3,61	,67	4,58	,39	3,70	,73	4,01	,61
	N=172		N=253		N=25		N=253	
Learning strategies	ns		ns		ns		4.19	* ,59
Autogenic training	ns		ns		ns		ns	
Exam anxiety	ns		4,40	** ,73	ns		ns	
Rhetorics and self-presentation	ns		4,74	*** ,23	ns		ns	
Academic writing	ns		ns		ns		ns	
Time and Self Management	3,06	*** ,70	4,37	* ,46	ns		ns	
Preparation for exams	ns		ns		ns		ns	

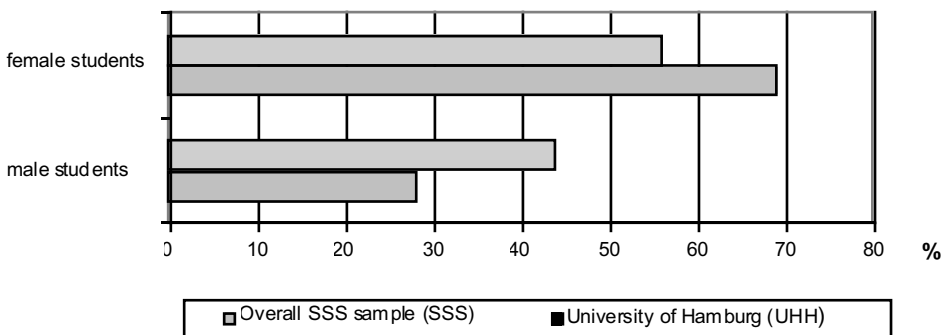


Figure 5
Distribution of male and female students

In general, a traditional observation is supported: when seeking counselling support male students are significantly older and have been studying considerably longer than their female counterparts. However, as Table 3 shows, no significant differences between male and female students can be found regarding the degree of personal need when seeking support. Also a corresponding degree of expected change through participation can be observed.

Comparable effects of the seminars can also be found for male and female students. The three dimensions of change show no significant differences in outcome between both groups.

Table 3
Gender Differences in the Degree of Personal Needs when Seeking Support

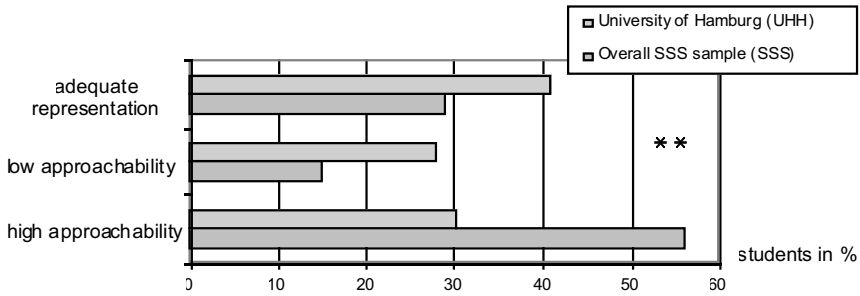
	Male students		Female students		<i>P</i>
	M	SD	M	SD	
Age	29,22	5,02	27,45	5,77	***
Length of study (semester)	11,01	6,71	8,47	5,03	***
Expectation of problem changes	3,51	,92	3,54	1,03	ns
Problem relevance (pre)	4,13	,97	4,50	,84	ns
Problem relevance (Fup)	3,55	1,26	3,66	1,16	ns
Problem changes	3,28	1,23	3,17	1,20	ns
Experience of positive change	3,71	,65	3,57	,68	ns
Satisfaction with the seminar	4,57	,39	4,57	,39	ns
Perception of problem stress	3,67	,78	3,74	,69	ns
Optimism for the future	4,03	,59	4,00	,62	ns

3.4. Do Students Of Faculties With A High Approachability To Counselling Profit In A Different Way Than Students Of Faculties With A Low Approachability To Counselling?

It is a common observation that students of certain faculties frequent counselling institutions to a much higher degree than others – when compared to their actual proportion within the university (Bundesministerium für Bildung und Forschung (Hrsg.), 1986; Hahne, 1999).

Approachability to counselling implies individual acceptance regarding the personal need for support and willingness to actually look for assistance. This attitude seems to distinguish students of faculties characterized by their closeness to educational and psychological concepts regarding form as well as content. Additionally study courses of these faculties tend to require from students a considerable personal involvement in the learning and educational process for subsequent qualification. And finally, a pronounced approachability to counselling may be observed if students of these study courses are likely to expect a difficult transition from university into the labor market.

As illustrated in Figure 6 the distribution of study courses according to approachability to counselling at the University of Hamburg and in the SSS sample corroborate familiar findings: students belonging to study courses with high approachability to counselling are also considerably overrepresented in the SSS sample.



High approachability: Social Sciences, Education, Arts
Low approachability: Law, Business, Physics, Chemistry
Adequate representation: Theology, Medicine, Philosophy/History, Culture Sciences, Oriental Sciences, Mathematics, Biology, Geo Science, Psychology, Informatics

Figure 6
Approachability to counselling

When grouped according to the degree of approachability to counselling the three samples don't vary in sample characteristics like age or length of study (Table 4). Notably no difference can be found regarding the degree of experienced problem stress or the degree of expected problem change. However the representation of male and female students in the samples shows significant differences: the disparity reflects the well known overrepresentation of male students in low approachability courses of study such as Law and Business and likewise the overrepresentation of female students in high approachability study courses such as Social Sciences, Education and Arts.

Table 4
Approachability and Sample Characteristics

	Low		Approachability High		Adequate		P
	M	SD	M	SD	M	SD	
Age	26,7	4,5	27,7	5,1	28,4	5,5	ns
Length of study (semester)	8,6	6,7	9,2	4,8	10,0	6,7	ns
Expectation of problem changes	3,49	,82	3,60	,75	3,51	,72	ns
Problem relevance (pre)	4,05	,99	4,26	,89	4,32	,84	ns
Problem relevance (Fup)	3,63	1,31	3,66	1,17	3,65	1,22	ns
Male students (N=66)	17		28	21			**
Female students (N=171)	19		104	48			**

The findings suggest however that students who are considerably less likely to frequent counselling institutions might profit as much and sometimes even more than students with a closer affinity to counselling.

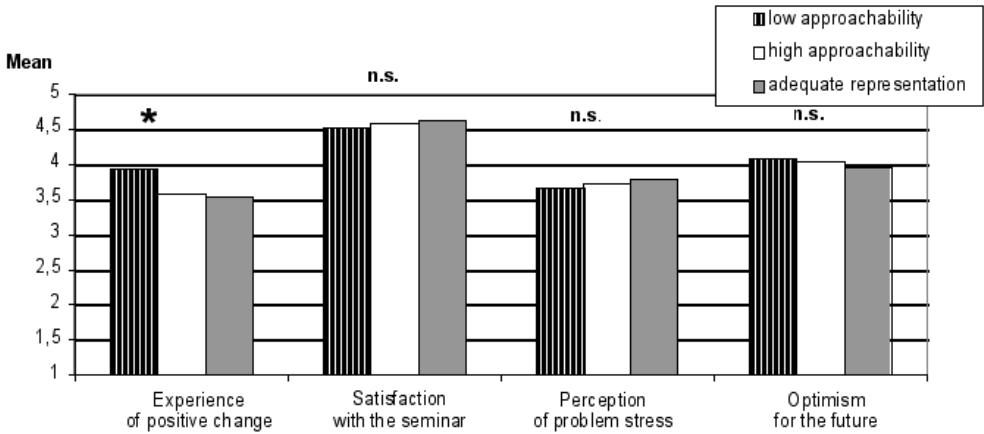


Figure 7
Approachability and dimensions of change

Low approachability students evidently experience a larger degree of positive change and a considerably higher amount of change regarding their three personal problems six months after the seminar (Figures 7, 8).

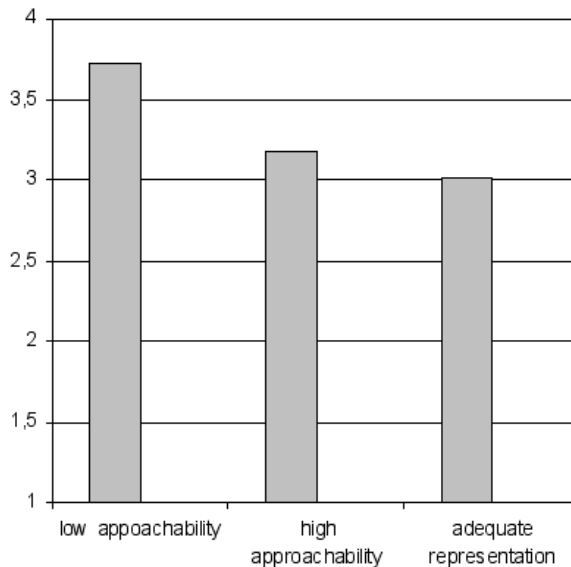


Figure 8
Problem change (pre - Fup)

3.5. How Do Especially Successful Participants Differ From Those Who Are Less Successful?

In order to identify differential conditions or characteristics responsible for the degree of personal profit from the seminars, an analysis of extreme group samples was used.

Two extreme group samples were constructed: a group of “especially successful” and a group of “less successful” participants. According to the criterion applied participants with scores in the upper or lower third of total sample in scale 1 “Experience of positive change”, as well as in scale 4 “Optimism for the future” were assigned to the corresponding extreme-group samples.

It has to be taken into consideration that the overall mean scores of success are already located at a high positive level (ceiling effect). Accordingly the participants of the “less-successful” group sample (N = 26) did also profit from participation. Regarding the degree of success their particular benefit was indeed lower than that of the more successful participants (N = 34).

As expected, the comparison extreme-group samples produced the intended significant differences in the three core variables (Figure 9). It can be noted however that both groups share a comparable degree of perception of problem stress.

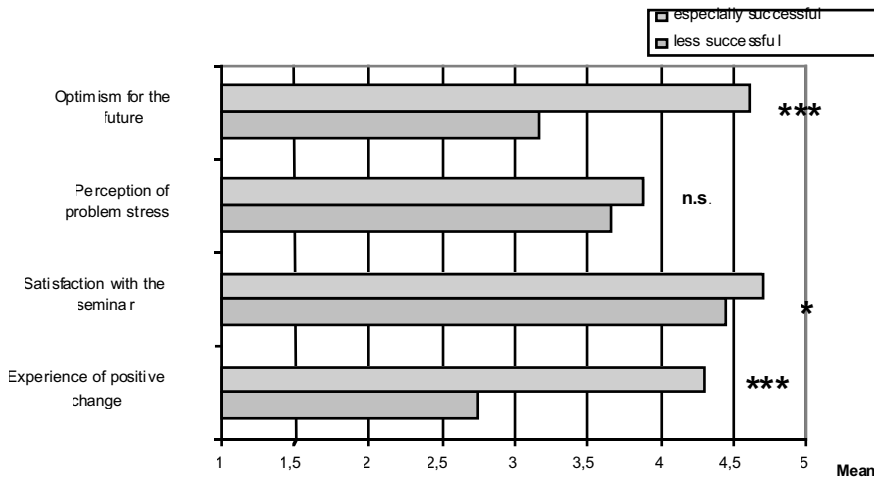


Figure 9
Success and dimensions of change

The difference between the extreme groups is also reflected in the significant degree to which changes in the three personal problems are reported.

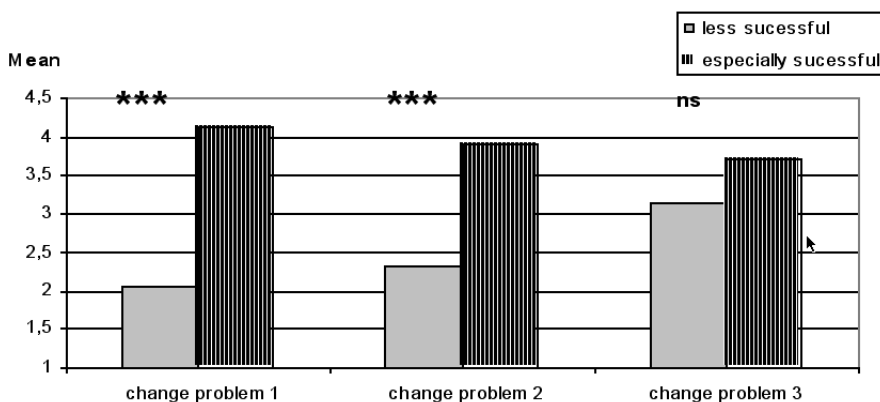


Figure 10
Success and problem change

Further findings suggest that the degree of successful participation is not linked to substantial sample characteristics. No significant influence on the degree of success can be observed regarding the age of the participants or the length of their previous studies.

Notably – both groups share a comparable degree of perception of problem stress. The extent to which individual problems are experienced as stressful is not associated with success. Concurrently the extreme-group comparison confirms findings reported above – to be male or female is not associated with the level of successful outcome of the seminar.

Table 5
Degree of Success and Sample Characteristics

	Especially Successful		Less successful		<i>P</i>
	M	SD	M	SD	
Age	28,4	5,0	27,5	3,7	ns
Length of study (semester)	7,8	4,8	9,1	4,9	ns
Problem relevance (pre)	4,35	,83	4,25	,92	ns
Problem relevance (Fup)	3,82	1,35	3,50	1,15	ns
Male students (N=14)	9		5		ns
Female students (N=46)	25		21		ns

However, two substantial differences between the extreme groups can be observed. First: students who belong to the especially successful group show themselves at the beginning as highly expecting change, thus indicating a characteristic responsible for the degree of personal profit arising from the seminars (Figure 11).

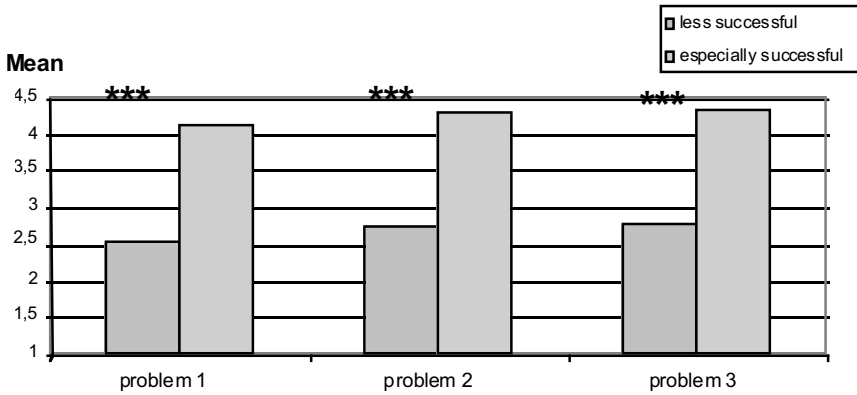


Figure 11
Success and expectation of change

The second distinction supports an observation made above regarding the relation between the degree of benefit and the belonging to one of the three groups of approachability. Evidently students from faculties with a usually low affinity to counselling profit considerably more from the seminars as they are more frequently represented in the group of “more successful“ participants (Figure 12).

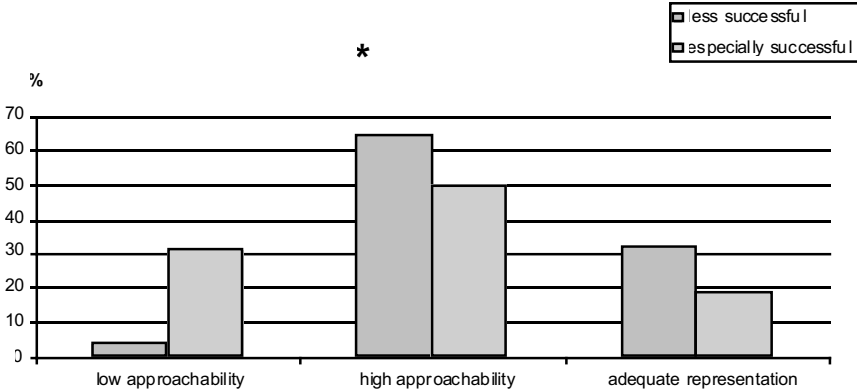


Figure 12
Success and approachability to counselling

4. Free comments

Participants were invited to give subjective feedback at both points of evaluation. 98% of the students commented on the seminar program in general as well as on the seminars they participated in. They contributed feedback and suggestions, praise and criticism including personal messages to the teachers and the organization.

Suggestions focused on the following subjects: to improve university-wide information concerning the valuable seminar program especially for new students, to expand the program to provide participation for a larger number of students, to incorporate the seminars into the regular study curriculum and thus making participation obligatory. Due to the increasing weekly work load of students in the new Bachelor/Master structure, it was proposed that seminars should be scheduled at evenings, at weekends or between terms. It was suggested as helpful if seminars would be accompanying the own study process thus making long-term or occasional consultation possible.

The existing program was particularly recommended due to its variety as well as it was appreciated to meet specific student demands. Proposals for additional seminars focused on personal development and the promotion of individual skills including subjects such as communication, social relationships, procrastination, debating skills or team development.

Very few negative comments were noted, mostly concerning the fact of not having been admitted to a seminar due to the large number of applicants and having been put on a waiting list.

Positive feedback exemplified the subjective experiences regarding the dimensions of outcome as reported above. Satisfaction with the seminars was reflected in comments on the general accepting and motivational atmosphere of learning, the successful balance between theoretical and practical elements, and between personal self experience and learning of practical skills. Apparently, the content of the seminars met the needs of the participants. Special mention was given to the competence and interpersonal empathy of the facilitators. The group setting was as well positively commented on. The importance of feeling reassured by others sharing comparable problems as well as the experience of learning from each other was also seen positively.

The self concept of positive change and the optimistic perspective for the future was reflected in messages related to the profitable experience from having acquired an extended repertoire of applicable skills. Many students reported benefit from apparently well-dosed impulses dissolving a state of personal standstill and subsequently from the encouragement to successfully give new skills a practical try.

5. Discussion

The findings of the evaluation are encouraging. They support the assumption that the SSS-program successfully contributes to the promotion of personal and professional study competence.

The validity of the results is based on a broad data base as the drop out rate is comparatively low considering that participation is completely voluntary and not creditable against study requirements. Findings possess a particular reliability as the study includes an additional evaluation following six months after participation. An analysis on the causes of drop out seems nevertheless advisable.

The SSS-program was institutionalized 17 years ago, based on two main objectives:

to implement an additional study support service aiming at increasing study competence and lowering drop out rates. Additionally, as a consequence of studies indicating the need for special counselling approaches for male students and students from faculties with low affinity to counselling, the SSS-program with its mainly non-psychological focus on study problems was meant to lower the threshold for these groups to look for support.

However, the composition of the sample indicates the familiar over-representation of female students and students belonging to faculties with high affinity to counselling. The program was only partly successful in motivating male students and low affinity students to participate in the seminars.

In general it may be stated that the SSS-program with its wide range of seminars seems to meet the specific needs of the participants who experience a high degree of problem stress, and who at the same time expect substantial development and change.

The seminars in total and specifically are highly effective in contributing to individual change processes. This development is associated with a very high degree of subjective satisfaction with the seminar facilitators as well as with the organization and administration of the seminar program.

It can be noted in particular that personal benefit of the seminar does not depend on individual features such as age, length of study, sex or the degree of experienced relevance of their personal problems. Thus, regardless if participants are young or old, if they are at the beginning or at the final stages of their studies, if they are male or female or if they experience a high or low degree of problem stress –findings indicate that all of them profit to a comparable extent.

However, one well-expected condition related to success could be identified: it seems that highly motivated students expecting vital change by participating in the seminars will especially profit. Additionally, a remarkable finding concerns the fact that those students from low affinity faculties who did find their way into the seminars received pronounced benefit from participation: they were especially successful and reported a larger degree of positive change. High approachability to counselling does not per se imply high profit from the seminar program. This might constitute a finding worth to communicate; not only do students of low-approachability faculties experience problems to a corresponding degree as the other groups of different approachability, but that once having conceded to be in need of support, these students can also most effectively deal with their problems within the seminars' framework.

Regarding the subsequent perspectives it can be concluded that it is worthwhile to invest additional resources into this successful seminar program and to put extra effort into making the program widely known around campus. Appropriate methods should be taken to encourage especially male students to attend the seminars, and to raise the proportion of students from faculties with low approachability. In order to increase the participation of highly motivated students it seems obvious to regularly ascertain the students' demand for special seminars in particular ensuing the implementation of newly developed Bachelor/Master structure. Furthermore, it is essential to let students take an active part in seminar planning and to allow for routine evaluation giving continuous feedback on the program.

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APPENDIX

Seven Soft-Skill-Seminars (SSS) for Students
- Objectives and descriptions -

1. Learning strategies (“Learning – with delight and method”)

(N seminars: 5; N participants: 54)

Target group:

students of all faculties dissatisfied with their personal style of studying and working

Typical motives

I have problems in organizing myself, regarding my studies as well as my everyday life

I'm a typical procrastinator in all aspects

My study habits do not produce lasting effects

I can't manage the time for my studies

I have problems writing papers

Objective:

to obtain a critical review of present study strategies. A necessary reformulation of short and long term study objectives is followed by a definition of personal actions required to reach these personal objectives. Special focus on existing personal resources.

Approach:

group oriented methods and elements of Theme Centred Interaction (R. Cohn), Systemic Counselling and Therapy, and Cognitive Behaviortherapy. Relevant academic study techniques and problem solution strategies are introduced by lectures or are presented as result of group activity (e.g. techniques of reading, writing, memorizing, overcoming procrastination, strategies of brain-adequate learning)

Organization:

a 18 hour workshop on two consecutive days is followed by four 3 hour seminars every two weeks. 15 students (second year and up)

Concept and realization:

Bernd Nixdorff, Dipl.- Psych., Psychological Psychotherapist

2. Time and Self Management

(N seminars: 2; N participants: 18)

Target group:

students of all faculties in need of improving their personal time- and self management. Students may find themselves in the beginning, in the middle or at the end of their studies

Typical motives

I just can't manage to organize my everyday life

I can't decide and set priorities

I don't seem to be able to overcome my weaker self

I can't find the right balance between relaxation and activity

Usually I'm totally stressed out

I'm afraid not to be able to accomplish my plans

Objective:

to develop concrete personal objectives and to plan and to follow corresponding changes in short and long-term time planning

Approach:

several methods and instruments used in strategic time management are introduced and applied (ABC-method, Parto-principle, Eisenhower-method). Yearly, weekly and daily planning strategies are tried out. Special focus on “time guzzlers”, the clearing out of time schedules, and procrastination. Lectures, group and individual activity

Organization:

20 hour workshop on two consecutive days. Max. 14 students

Concept and realization:

Ulrike Helbig, Dipl.-Soz.

3. Rhetorics and self-presentation (“Free speech”)

(N seminars: 3; N participants: 37)

Target group:

Students aiming at improving their competence regarding their self presentation (giving lectures, participating in discussions, developing moderation skills)

Typical motives

I'm afraid to talk before groups of people

In discussions I just can't stand my ground

In presentations I often lose track of my arguments

Having to give a presentation makes me extremely nervous

I'm afraid to speak in public

Objective:

Recognizing existing competencies as well as necessary developments. To know how to improve their skills according to individual goals. To be conscious of one's personal impact on others. Focus not on passive transfer of knowledge but on active discovery and development of individual potentials

Approach:

Four main topics: rules and methods of oral presentations, effects of communication, how to argue convincingly, objectives, rules and roles in the discussion process. Corresponding theory input is followed by practical exercise: role-play, impromptu presentations and discussions, presentations in small groups or in a plenary session Video feedback is used.

Organization:

A 27-hour workshop on three consecutive day. 16 students max.

Concept and realization:

Frauke Narjes, Theologian,

Swantje Brümmer, Dipl.-Soz.

4. Autogenic training

(N seminars: 5; N participants: 30)

Target group:

students of all faculties who are not yet preparing for final exams during the seven-week training phase.

Typical motives

It is difficult for me to concentrate
I have a hard time relaxing
I'm afraid I can't meet what is required of me
I plan too many things at the same time
I am scared of failing in an examination
I don't know how to cope with stress

Objective:

AT (J. Schultz 1932) aims at creating a feeling of warmth and heaviness throughout the body, thereby experiencing a profound state of physical relaxation, bodily health, and mental peace. AT can be used antagonistic to anxiety and to anxiety induced behavior.

Approach:

AT-basic exercises are accompanied by formula-based repetitions. The routines are taught under professional instruction. A regular group exchange extends personal experiences.

Organization:

7 weekly group sessions / 2 hours. Max. 10 students

Concept and realization:

Helga Wohllebe-Christoph, Dipl.-Psych., Psychological Psychotherapist

5. Academic writing ("Talking is silver – writing is gold")

(N seminars: 5; N participants: 48)

Target group:

students with difficulties in writing academic papers. Participants should actually be working on an assigned paper in order to apply newly acquired skills

Typical motives

I'm just afraid of writing
I have no idea how I really should go about writing an academic paper
I just can't find a structure for my term paper
I have difficulties transforming what I have read into writing
Time management while writing a paper / thesis

Objective:

"To teach writing by making participants write". Faculty independent techniques of academic writing are introduced, methods of creative writing are widely used. Special focus on discrepancies between subjective and objective requirements.

Approach:

Phases of the workshop correspond to often problematic phases of the writing process: finding a subject, narrowing down the subject, deciding on a structure, working with literature, writing a first draft. Additionally topics like time management and writer's block are dealt with.

Organization:

a two hour introductory seminar on the first day is followed by a 18 hour workshop on the two following days. 15 students max.

Concept and realization:

Frauke Narjes, Theologian
Christina Urbanek, M.A.

6. Preparation for exams (“Coming to grips with examinations”)

(N seminars: 3; N participants: 34)

Target group:

students shortly approaching their final exams but who have not yet registered

Typical motives

I'm afraid to start writing my final thesis

Exam anxiety is my daily companion

I can't study fast enough

Studying for me means chaos, infectivity and aimlessness

I really don't know what waits for me during final examinations

How do I make the most of my time ?

Objective:

to accompany the participants while encountering the cognitive, emotional and social elements of the exam process. The design of the seminar reflects the process of final exams and portrays the necessary competencies

Approach:

Following an appraisal of each individual preparation status different partner and group activities centre around how to relate cognitive information to one's personal exam preparation.

Topics: time management, arranging the personal study environment, strategies of reading, learning and writing, techniques of improving motivation an relaxation, exam anxiety. Focus on the simulation of the exam situation. Exchange and networking between the participants - even after the seminar and during the phase of final exams - is encouraged and supported.

Organization:

A 27-hour workshop on three consecutive days. 15 students max.

Concept and realization:

Frauke Narjes, Theologian, Christina Urbanek, M.A.

7. Exam anxiety (“Displaying competence in examinations”)

(N seminars: 4; N participants: 42)

Target group:

students with pronounced exam anxiety

Typical motives

I panic thinking of failing in the examination

I'm afraid I might disappoint others

I'm afraid I might not to be able to get across what I have learnt

I'm expecting too much of myself

I fear my teachers will only see me according to the grade they will give me

Objective:

to recognize destructive, anxiety inducing patterns of thinking and behaviour. To substitute these patterns by constructive convictions, which reinterpret anxiety as a state of strong internal activation and motivation responsible for high performances. Personal resources will be activated.

Approach:

methods and elements of Cognitive Behaviourtherapy, Hypnosis therapy (M. Erickson), Energy Psychotherapy (F.Gallo) and Gestalt therapy

Organization:

10 weekly group sessions / 2 hours. Additionally a visit at a public final examination (law). Max. 12 students. Subsequently participants may become members in current, student-organized study groups. Supervision is offered on demand.

Concept and realization:

Guntram Schnitzler, Dipl.- Psych., Psychological Psychotherapist

Bernd Nixdorff, Dipl.- Psych., Psychological Psychotherapist

Dr. Peter Figge

Dipl.-Psych., Psychological Psychotherapist

TOWARDS TELE-COUNSELLING CAREER SERVICES AT THE UNIVERSITY OF ATHENS

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Abstract:

The provision of career services at the University of Athens started in 1997 through the Career Office projects funded by the Greek Ministry of Education and Religious Affairs. Student's needs in an extended and populated university, led the career office team in the development of a web-portal able to inform effectively the widespread distribution of students and alumni in combination with face to face traditional counselling, seminars and events. However, there has been evidence for clients that prefer distance interaction with the staff. In order to accommodate such needs, and in accordance with the open character of the rest activities of the office, an anonymous web-form is available to anyone interested to communicate by offering an e-mail address solely. In this work, we consider the web-form interaction as a primitive kind of tele-counselling and we illustrate and discuss anonymous results that emerge from the content of this communication in the period 2004 - 2007. Evidently, current results could be considered as 'speculative' or as a pilot phase deduction on computer-mediated communication in career services in Greece. Descriptive statistics of the requests, counselling techniques and a follow up survey concerning the client's relatively high satisfaction are presented. These findings are to be strengthened or dropped in future more extensive and focused surveys. Furthermore, the work is complemented by a questionnaire-based survey amongst the career office staff throughout Greek Educational Institutes which focuses on the counsellor's present attitudes towards tele-counselling techniques in career services and a possible future implementation of tele-career-services supported by the career office network. Counsellors express certain concerns on the distance techniques but they also admit the important role of an effective tele-counselling in a dynamic modern higher education area.

Keywords: Web-counselling; computer-mediated communication; tele-career-services.

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1. Introduction

The use of computers in career counselling was initiated in sixties and has received certain improvements so far under the expansion of new technologies (Malone, Miller, & Hargraves, 2001; Harris-Bowlsbey, Riley Dikel, & Sampson, 2002; Barnett, 2005; Harris-Bowlsbey & Sampson, 2005). Despite a series of difficulties, ethical issues and other concerns, online counselling seems to be an effective and feasible business (Skinner & Zack, 2004). However, there are many aspects of the subject, especially ethics or underlying dangers, to be further investigated for a successful implementation (e.g., Robson & Robson, 2000; Elleven & Allen, 2004; Shaw & Shaw, 2006; Mallen & Vogel, 2005). Applications of online counselling has led the National Board for Certified Counsellors to publish practices, standards and guidelines for online counselling (NBCC, 1998) similar to other professional associations. Under these guidelines, we consider the online counselling procedure in career services.

The aim of the present article is to discuss computer-mediated communication of students and alumni with the Career Office (CO) at the University of Athens (UoA). Beyond face-to-face activities, the office provides electronic information services which are highly visited. Advisors also receive personal e-mail messages daily in various subjects and phone calls. In the present work, we analyze requests that have been submitted to the office via an anonymous web-form which has been generally introduced for communication purposes. We excluded personal e-mail messages because they are often related to specific activities and events and they also lead or follow face-to-face meetings. In a same fashion, we excluded communication by phone too. However, anonymous communication by web-form (and after that by direct e-mail messages) falls in the field of tele-counselling (Malone et al., 2001) and could be considered as a precursory procedure of a more scheduled tele-counselling career service. An important feature of these messages is that they have been generated spontaneously by visitors who decided to use the form in order to be informed or advised. Thus, tele-counselling just occurred, without been promoted, at CO of UoA. Our experience with such a service led us to further explore attitudes of advisers in the rest career offices in Greek universities.

The rest of the paper is organized as follows: in section 2 we present an analysis of the electronic requests, their features, content, popularity etc. and a follow-up assessment by the users. In section 3, we present results on counsellors' views and attitudes towards tele-counselling in Greece and in section 4 we discuss the findings and our future plans.

2. Computer-mediated communication with CO at UoA

The CO at UoA maintains the website <http://career-office.uoa.gr> open to students and alumni not only from UoA but also from the rest of higher education institutes. It has become a highly visited site in Greece since daily reads of its content exceed 6500 (as measured in June 2007). Amongst the rest pages, the site offers an almost anonymous communication web-form in a sense that only an e-mail address is mandatory for the

answer to be provided. The web-form requests are collected as e-mail messages by the CO-coordinator who subsequently delivers each message to a congruent CO-counsellor through e-mail. The counsellor may collaborate with the rest CO-staff and when prepared, he/she contacts the inquirer directly. The short communication between the counsellor and the client may terminate in one or more (a few) e-mail messages or it may lead to a face-to-face appointment.

Although the aforementioned computer-mediated procedure was initially designated for communication, it appeared to be a means of tele-counselling since most inquiries concern information or support and hardly differ in their content from face-to-face counselling interaction. However, the procedure is not promoted as a CO-tele-counselling-service due to concerns on the methodology and on a possible lack of supporting counsellors in an opening to the large number of visitors. Therefore, the tele-counselling procedure takes place as far as the client discovers the communication form and spontaneously decides to use it as an anonymous web-counselling-form.

2.1. Method

2.1.1. Sample of requests

In the period of September 2004 to May 2007 the CO at UoA received 293 messages through the communication webform. As the content of 119 of them was irrelevant to counselling and vocational guidance issues, we analyzed the rest 174 requests (see Appendix). Besides, 72 of the answers received by the clients have been recorded by the CO and included in the present analysis (Tzovaridou, 2007).

The gender of the inquirer was identified in 158 out of 220 messages and the male population is 34.13%. This percentage is in accordance with the male population at UoA (37.61%) which is less than the male population in Greek universities (45.51%) since UoA lacks engineering departments (student demographic data 2004-2005 from the Greek Statistical Agency). Therefore, it can be argued that males participate in tele-counselling procedures in their normal percentage in contrast to face-to-face counselling where females dominate.

2.1.2. Response delay

Grouping the response delay in six non-equal time-intervals [0-1 d, 1-3 d, 3-7 d, 1-2 w, 2-3 w, 3 w - 1 m], a Gaussian fit exhibits a mean at the third interval with a standard deviation of 1.2 intervals. This is an acceptable response delay so far, and it is due to both CO-coordinator, who acts as a node in the procedure's 'circuit', and supporting counsellors. Daily practice at CO of UoA indicates that most requests are answered within the same week and longer delays occur in summer periods. Apparently, the response delay is crucial and has to be noticed when a client submits a request. It depends on the number of supporting counsellors and it can be reduced in the case where the whole service reports and provides information on frequently asked questions (f.a.q). The latter case is under development at the CO of UoA.

2.2. Results

As a first approximation in the analysis of the electronic messages, we discuss their

general figure, their popular content, their morphology in different topics and the usual methods adopted by the supporting counsellors in their answers.

2.2.1. *General content of requests*

Most of electronic requests are short in extent, clear in content and anonymous. They stand between ordinary oral and formal written communication. Many of them look like SMS used in mobile communication. They are understood as messages that require specific information for immediate use by the client. As expected, when the information is provided by the counsellor the whole communication terminates.

Although not mandatory, many clients sign their messages by revealing their name and other contact details. The percentage of the use of signature was found 38.51% without dependence on the gender. Concerning the content clarity, most requests are clear. The percentage of messages characterized by clarity was found 79.31% with males slightly leading up to 90%. We conclude that, overall, we receive anonymous and clear requests on information that concerns clients' career planning.

2.2.2. *Frequently asked information*

Electronic messages analyzed in this work were classified to 23 categories presented in the Appendix. Request categories that exceed the expected 5% in the relative frequency concern:

- admission examinations (15.38%)
- postgraduate studies in Greece (24.10%)
- studies abroad (7.18%)
- fellowships (6.15%)
- job search and career perspectives (11.79%)

The results are in accordance with face to face counselling and expected compared to students' concerns in Greece. The high popularity of admission examinations are due to the Greek higher educational system which allows admission exams only for graduates. The relatively low percentage of the 'scholarships' category is notable. The results are independent of gender except the 'scholarships' category where males are leading in a small extent. Repeated questions on the previous topics lead us to provide f.a.q. answers through our website.

2.2.3. *Counselling versus information*

A main concern in order to plan the provision of a tele-counselling service at CO of UoA is to distinguish between a simply-informative communication and a counselling-like procedure. The advisers usually probe the former as an 'atrium' to the latter. By definition, tele-counselling is a short-term treatment that can be led to traditional face-to-face meetings. Thus, any clear morphological signatures of the messages would indicate the counsellor the case in order to adopt a capable and fast approach in his interaction with the client. A criterion that seems to emerge from the present analysis concerns the use of signature in combination with the clarity of a message. As already described, messages exhibit clarity (79.31%) and anonymity (61.49%) overall. For instance, requests on 'job search and career perspectives' follows the previous overall

rule. Conversely, when requests on 'postgraduate studies' and 'fellowships' are isolated, both corresponding clarity and anonymity diminish dramatically. The result is shown in Figure 1. A reasonable explanation is that clients need personalized support (counselling) as they express complicated and confused requests that concern their long-term career planning as for example involvement in postgraduate studies.

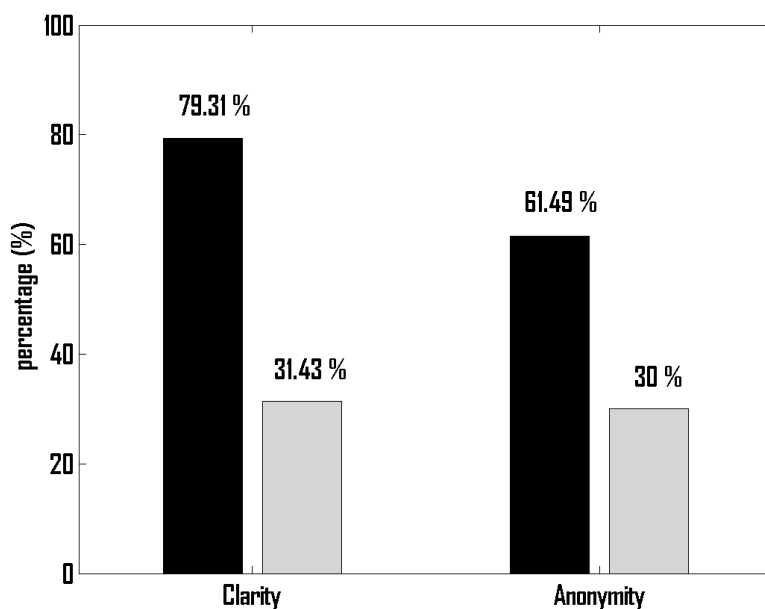


Figure 1

Percentages (%) of electronic messages with respect to their clarity and anonymity: overall (black), 'post graduate studies' and 'fellowships' (gray)

A further identification of the previous or similar morphological signatures of electronic requests will be of special importance in our tele-counselling service scheduling. For such a rigorous investigation, larger samples of electronic messages are needed. It is also important to reveal informative-like and counselling-like topics in tele-career services as they lack the indispensable face-to-face interaction.

2.2.4. Counsellor's response methods

Tele-counselling involves a variety of methods and techniques (e.g. Ivey, Gluckstern, & Ivey, 2005), however, in the present study, four response methods were met: the paraphrase, the empathic understanding, the reference and the information-giving. Current results show an explicit preference in information-giving (70.8% of the answers) and reference (77.1%). This kind of content refers in a short and evident procedure where the benefit of asked information, either from the counsellor him/herself or via reference in some authorized institution, possesses a central role in the communication. The technique of paraphrase follows (43.8%), while empathic understanding was poorly

used by the advisers (14.6%). Finally, as it is expected, since tele-counselling is susceptible to content misunderstandings, the majority of the clients (about 60%) were encouraged for further communication.

2.3. Follow-up Questionnaire On Client's Satisfaction

Although tele-communication has not been established as a counselling service at CO of UoA, and thus it is not a subject of evaluation, we contacted via e-mail the inquirers with a questionnaire focusing on their satisfaction. 31 persons responded which is just a 20% participation. Most of them, 23, interacted with career services for the first time, which indicates that tele-counselling may refer to a different target-group than the respective face-to-face services. Using a 4-point Likert scale (the neutral point was removed), the respondents were asked to evaluate both the content and the answer delay of their message. The result is shown in Figure 2.

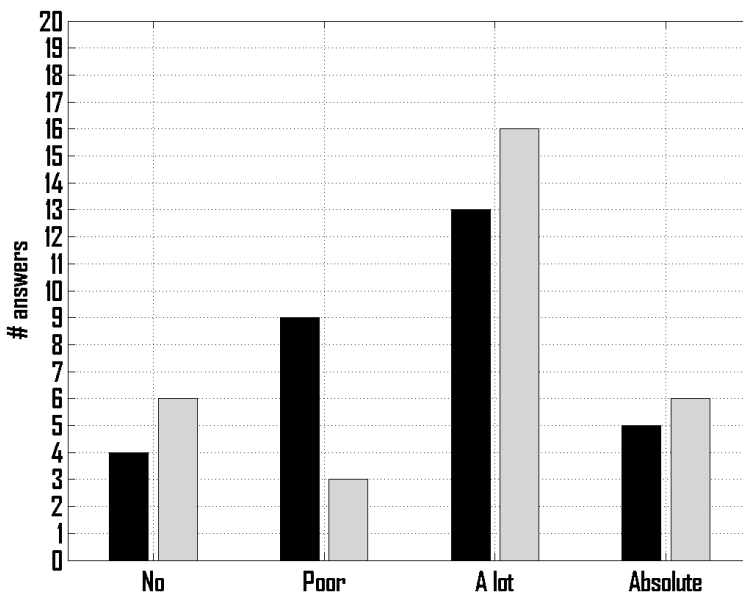


Figure 2
Satisfaction assessment, of the content (black) and of the answer delay (grey)

Participants are clearly satisfied by the time that intervened between question and answer and they seem to be satisfied by the content of the answer. Within gender, male evaluation is more positive than the female. The assessment of content is not clearly positive because the difference between the second and third point is only 4 answers. Therefore, the outcome could also be considered as neutral possibly due to the inexperience of respondents in career services and hence a lack of comparison with similar services. Evidently, the experiment will be repeated in the future.

3. A survey on career counsellor's attitudes and views with respect to tele-counselling

In this section we present a questionnaire based survey on counsellor's attitudes with respect to tele-counselling, or more generally, to computer-mediated career services. This part of the work is briefly illustrated, as it complements current activity in CO of UoA described in section 2, and more details can be found in Angelopoulou (2007).

In the previous section, we restricted the analysis to requests via anonymous web-form which is a very similar procedure to the one provided by the Counselling Centre for Students at UoA (Efstathiou & Kalantzi-Azizi, 2008, these Proceedings). However, tele-counselling in the rest career offices in Greece usually refers to daily e-mail communication with students. Clearly, the possibility of a systematic implementation of tele-career services in Greek universities depends on the advisers' attitudes and opinions on the subject as it is generally difficult to set boundaries in web-based services. Present results are also an attempt to assimilate views of career counsellors, after a 10-year professional practice in Greek universities, that may lead to a common understanding towards emerging tele-advising needs in higher education.

3.1. Method

The present study focuses on career services at higher education institutes. However, vocational guidance is also provided by advisers in secondary education as well as other administrative centres. A questionnaire was delivered either via e-mail or by hand to professional career counsellors throughout career centres in Greece. In this way, a minor sample of 28 respondents, strictly working at career offices in Greek universities, was formed. Attention was given in the geographic distribution of the sample in order to represent the entire Greek territory. Moreover, a major sample of 125 respondents who work at career centers was also formed. Due to the statistically restricted number in minor sample, only results that are validated or reinforced in the major sample are discussed in the next paragraph.

Demographic data of the minor sample show that it predominantly consists of females (70%), aged less than 40 years old (mostly 28-30 years old), with professional experience from one to ten years (mostly 1-3 years) who work with computers and are highly familiarized to counselling via e-mail (80%).

The questionnaire included information about the researcher and the scope of the survey, 11 demographic questions and 20 Likert-type items. A 5-point Likert scale was used (1 - very little to 5 - very much) in order to collect scores on participants' opinions about computer-mediated counselling. Questions were of the type: 'Internet online counselling offers people in geographically isolated areas the opportunity to use career counselling services' or 'Internet online counselling exhibits difficulties due to the lack of a theoretical base' etc. Beyond descriptive statistics, correlations were also included in the analysis. Questionnaire items are summarized in Table 1.

3.2. Results

Results in Table 1 indicate that participants do not consider that tele-counselling via written messages is able to substitute face-to-face counselling (Q1). They also contest e-mail as a means that allows deepening in the subject (Q2). Thus, tele-counselling is always supplementary to the traditional face-to-face procedure (Q13). Such a standpoint is poorly connected with computer facilities (i.e. Q16) and it rather ascribes the issue to an intrinsic communicative weakness.

Table 1
Questionnaire items, mean score, standard deviation, factor analysis loadings (2 factors) and cluster analysis for k=2 groups (difference per item). N=28

Item	Description	Mean	SD	Fact.1	Fact.2	Cluster
	<i>TC in career services:</i>			26%	14%	2 grp.
Q1	replaces ftfC (face-to-face Counselling)	2.47	0.82	0.20	0.03	0.14
Q2	promotes reflective reading	2.27	0.87	0.51	0.11	0.17
Q3	hazards privacy	2.83	1.29	-0.13	0.03	-0.08
Q4	benefits distant clients	4.43	0.77	0.64	-0.05	0.27
Q5	implies identification uncertainty	3.24	0.91	-0.41	0.30	-0.53
Q6	implies content misunderstandings	3.50	0.90	-0.61	0.42	-0.93
Q7	benefits disabled clients	4.28	0.88	0.53	0.22	0.18
Q8	benefits modest clients	3.60	0.93	0.76	0.00	0.44
Q9	is deficient (lack of visual contact)	3.87	1.22	-0.47	0.30	-1.60
Q10	offers tempo-spatial freedom	3.27	1.08	0.69	0.21	0.25
Q11	provides anonymity to clients	3.30	0.99	0.70	-0.12	0.48
Q12	lacks of a legal basis (dangers)	3.50	1.17	-0.42	0.42	-1.00
Q13	can only be supplementary to ftfC	3.70	1.21	-0.54	0.16	-1.26
Q14	allows choice of adviser	2.43	0.90	0.62	0.08	0.21
Q15	lacks courses for advisers	3.57	1.22	0.16	0.96	-1.28
Q16	can replace ftfC by video-conferences	2.60	0.93	0.14	0.14	-0.12
Q17	is hindered (partial internet access)	3.27	1.20	-0.03	0.22	-1.47
Q18	will solve privacy issues technically	3.23	0.97	0.13	-0.00	0.39
Q19	lacks adequate theoretical background	3.20	1.10	0.16	0.78	-0.98
Q20	is important (needs dissemination)	3.97	1.00	0.59	0.13	0.71

Participants recognize the benefits of tele-counselling in general (Q4, Q7-8, Q10). Geographically distant clients, disabled persons, or people characterized by demureness are admitted as important target-groups for tele-counselling. Moreover, the tempo-spatial liberation, offered by tele-counselling, creates favourable conditions for clients who may also exploit anonymity. On the other hand, they raise scepticism about client identification (Q5), legal basis (Q12), privacy (Q3, Q18), deontology (Q12), text misunderstandings (Q6) (Wright, 2002), and more generally they consider that a capable framework for the new service is absent (Elleven & Allen, 2004; Mallen & Vogel, 2005; Shaw & Shaw, 2006). Consequently, tele-counselling is considered to help the client but it also burdens the adviser.

Another important finding was that participants do not recognize as an advantage the possibility for the client to choose his/her adviser from a network (Q14). This is probably due to the interpersonal relationship between the counsellor and the client in traditional procedures, in order to achieve mutual collaboration. However, in career services it is very often to change the adviser depending on the client's subject of interest. The importance of network supported advising will be discussed in the next section.

Finally, the majority of the participants consider it useful to receive training courses on tele-counselling methods (Q15), especially on the theoretical background (Q19). Remarkably, in the last question (Q20), the vast majority admit that tele-counselling is an important advancement in career services and it should be further investigated in order for it to spread out, despite the objections posed in previous answers.

A factor analysis was performed and the respective scree plot implies six eigenvalues greater than unity. Since the slope changes at the second eigenvalue, we present the loadings (Table 1) of a 2-factor analysis (maximum likelihood, varimax rotation, goodness of fit $\chi^2=195$, d.f. 151, $p<0.009$) which explain a cumulative 40.29% of the variance. Factor 1 is related to the benefits of distance advising while factor 2 concerns training and education on such an approach.

Further k-means clustering ($k=2$) indicates the existence of two opposite attitude groups of advisers: those who are negative to the service because they consider it intrinsically weak to cope with real needs of clients and those who are positive to it but also require further education and a framework establishment. Although present results are insufficient to ensure the previous finding and further research is needed, an illustrative example on how two different groups of participants (of 13 members the first and of 15 the second) score the items is shown in Table 1 by the respective difference ($\langle Qi \rangle_1 - \langle Qi \rangle_2$) per item. The second group (negative) emphasizes on the concerns while the first (positive) indicates the benefits and suggests further development and dissemination of tele-counseling.

4. Discussion

We presented an empirical analysis of 174 requests from students and recent alumni received through an anonymous web-form available at the career office website of the University of Athens. This type of communication serves clients as a tele-counselling

procedure in a primitive level, able to extract f.a.q and to picture the current behaviour. Messages are short in extent, clear in content and mostly anonymous. They can be regarded as immediate-information-seeking requests, however, in specific subjects such as postgraduate studies which concern long-term career planning, they become more personal and abstract in content. This is a direct indication (a signature) for a counselling-like communication. The short-term communication may terminate after the exchange of information or it may lead to a face-to-face meeting. Clients are satisfied by the response delay (3-4 days) and the same seems to be valid for the content. Most clients had appealed to career services for the first time by using the web-form. Student male population uses the service with its normal percentage.

Answering f.a.qs is underway at CO but also an optimization of the procedure is under discussion (Sampson, 2002; Caspar & Berger, 2005; Mallen & Vogel, 2005). An insertion of a second reader of the message content is also possible in order to ensure that the meaning is well-understood. Taking into account the deontology that emerges from professional standards and guidelines (e.g., NBCC, 1998), a tele-counselling platform able to host the service could be designed. Such a platform could for instance: (a) archive the asynchronous communication, (b) support the procedure with synchronous communication tools, (c) record statistical data, (d) promote useful content anonymously for a cumulative benefit, (e) allow work with groups. The latter case (Harris-Bowlsbey et al., 2002; Kiesler & Sproull, 1992) is still missing in many of our activities. This is probably due to the difficulty to gather the same people in pre-arranged face-to-face meetings and it may become easier through the internet. However, well-established methodological tools and good practices are needed (Malone, 2002). As a complementary procedure to face-to-face counselling, a framework for online-counselling should be considered since the new service gains more ground through the web, is consistent with recent developments in the European higher education area, and extends a young person's opportunity in receiving support. Evidently, networks of counsellors are expected to play a central role in these types of services.

Advisers believe that the development of tele-counselling in career services is an important advancement provided that a well-established framework is possible and that sufficient education on the techniques and deontology will be offered. Special attention is also given to questions that doubt the inherent theoretical base of the method which has to be clearly understood as a short-term treatment in accordance with face-to-face procedures.

A key-point in career services that favours tele-counselling is that specialization of advisers is inevitable due to the huge amount of information on vocational guidance. During the last decade, career offices in Greece educated advisers who are, to a different extent, specialized in order to manage their everyday activities effectively. This evidence maybe a weakness within institutionally isolated career offices but it automatically turns into a strength within a collaborative online service. Hence, network-supported-advising methods will advance the career service as a whole.

In conclusion, the development of a tele-counselling service at CO of UoA is one of our concerns for the near future and we will try to give a certain priority to it.

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APPENDIX

A classification of the request's content

According to their content, 174 electronic messages in the period September 2004 – May 2007 were classified in 23 distinct classes shown in the following table:

Class	Content	Messages	Class	Content	Messages
1	Career Office appointment	8	13	Job search and career perspectives	23
2	Admission examinations	30	14	Job search abroad	5
3	Department information	5	15	EU 'Leonardo da Vinci' actions	1
4	Postgraduate studies in Greece	47	16	Youth Entrepreneurship	1
5	Studies abroad	14	17	Remarks about web pages	6
6	Fellowships	12	18	Announcement posting	3
7	Lifelong and e-learning	8	19	Student residence hall	2
8	Study at a Greek university	6	20	Issues on departmental secretaries	5
9	Degree recognition procedures	6	21	Other	6
10	Department choice	1	22	False message	1
11	CV and cover letter guidance	2	23	Transfers between universities	2
12	Letters of reference	1			

STUDENTS USE AND PERCEPTION OF ONLINE COUNSELLING AT UNIVERSITY

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Abstract:

Increasing demands on mental health services at University, increased prevalence of mental health problems for students and a growing preference for new mediums in healthcare provision require services to investigate innovative ways of meeting users needs. This paper describes initial research findings into students use and perception of online counselling at University. Online counselling is an innovative solution to delivering a mental health service at University. The paper describes the rationale for delivering counselling online; it describes the model of counselling used, the perceived benefits, and details the results from an evaluation. While the results of this initiative and students attitudes towards are predominately positive some issues and challenges exist that will be discussed.

Keywords: Online counselling; university mental health services; mental health problems.

1. Introduction

In the last number of years, University mental health services have reported an increased prevalence and severity of mental health problems among the student population (Rana, Smith, & Wlaking, 1999; Royal College of Psychiatrists, 2003; Stanley & Manthorpe, 2002). Variables such as age (Rana et al., 1999), academic stress (Tyrell, 1992; Stewart-Brown et al., 2000), financial constraints (Stanley & Manthorpe, 2002), drug and alcohol use, and poor coping strategies (Hope, Dring & Dring, 2005), increase students vulnerability to mental health difficulties such as depression and suicide. Irish research on the prevalence of depression among students found that 7.8% were depressed and 38% reported having had a period of depression in the past year (Union of Students in Ireland, 2003). Depression is linked to suicidal ideation and completed suicides (Gotlib & Hammen, 2002). Youth suicide (15-24 year olds) in Ireland is currently the fifth highest in the European Union at 5.7% per 100,000 (Callanan & Chambers, 2004).

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The report: *The Health of Irish Students* (Hope et al., 2005), highlights the difficulties for students, and in particular young men, who very often, when confronted with mental health problems will try and “deal with it themselves,” “turn to alcohol,” or “just ignore the problem and hope it goes away” as a means of coping (Hope, 2005). Only a small percentage of people access the help they require.

Arising from a concern that these issues propagate researchers, clinicians and service providers have turned to consider alternative solutions for mental health service delivery, including the potential of engaging technology. The pervasiveness of technology in people’s lives is a major factor, this is especially so for young people. The Internet and ICT may in fact be a welcome alternative for young people to access mental health services. Most students are high users of the Internet and related tools (Escoffery, 2005; Demunter, 2005) and students already use the Internet for health and mental health related information and education (Escoffery, 2005).

1.1. Online Mental Health Portal

An online mental health website (Portal) was created and launched to students at the University. The system contains three primary features; firstly, it is an information portal hosting a range of e-learning content on mental health. Secondly, the project employs the skills of the student peer supporters who work as moderators for an online peer discussion board (Richards, Richardson, & Pluinthead, in press). Lastly, it features asynchronous (e-mail) online counselling. The online counselling model used allows users to send a message to a counsellor; the submission is answered by the counselling service; and finally, the original submission and reply are posted to the website. This scope of this paper considers the online counselling service.

2. Methodology

The paper reports on three small-scale studies into the use and perception of online counselling by students at the University. The studies use a variety of methodology and include:

Study 1: An online questionnaire asking users to assess the different aspects of the mental health portal (N=13). The data collected was combined with statistical data collected by the system on its use. A survey instrument of 25 items, collecting quantitative and qualitative data, was constructed and administered to all registered users. The questionnaire asked students about their use of the website, how useful they found the services, their learning about mental health, and their comparative evaluation of online with traditional services (Richards & Tangney, 2008).

Study 2: A content analysis of the online counselling submissions (N=32) to ascertain the issues and benefits to students of online counselling. The analysis was based on the qualitative method described by Hill, Thompson and Williams (1997) in: “A guide to conducting consensual qualitative research.”

Study 3: Data was collected on clients perception of satisfaction in using the online counselling service (N=7). The Client Satisfaction Inventory – short form (CSI-SF)

(McMurtry & Hudson, 2000) was administered to 15 users of online counselling. The CSI-SF holds moderate content validity ($r=.64$) and high internal consistency (Cronbach's Alpha=.89). McMurtry and Hudson's initial norming produced a mean score of 88.1.

3. Results

To date there are 622 registered users of the online mental health portal. This constitutes just over 4% of the college population. Of this number 62 registered users have availed of the online counselling service in the past 12 months. The usage is slightly higher in favour of females compared with the college population; however, the difference is not significant.

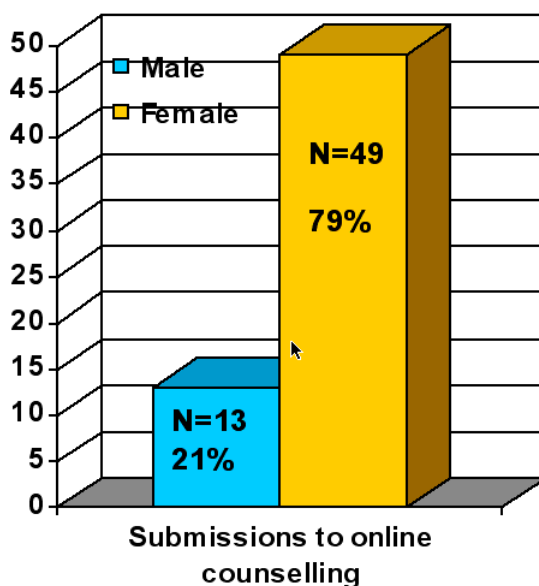


Figure 1
Submissions to online counselling by gender

When writing to a counsellor, students choose one topic to represent their online submission (e.g. depression, anxiety, loneliness, etc). The most common choices were depression and relationships.

Statistical analysis of use of online counselling demonstrates its potential to reach people who don't ordinarily use traditional services. E.g.: Science student's use of online counselling is 31% whereas their use of face-to-face services is 10% (Richards & Tangney, 2008). In addition, the analysis also shows how the majority of submissions, 73% (N=45), were outside of 9-5 office hours and 11% were at weekends (N=7). Further, our statistics highlight how 33 (F=23; M=10) students who used the online system thereafter accessed face-to-face counselling.

Based on users comments in the self-reported questionnaire one can speculate on the potential effectiveness of the intervention - "*Counsellor gave me very helpful advice and recommendations*"; another return user wrote: "*I wrote a message to a counsellor and I received some great advice*".

A content analysis of submissions (N=32) reveals how the range of presenting issues to online counselling is no different to that of face-to-face counselling. Even though nearly all the submissions had multiple presenting issues, it can be inferred that the self-selected topics (e.g. depression, relationships, stress) represent user's most pressing problem.

Both the self-reported questionnaire and the content analysis of submissions to online counselling illustrate the characteristic of disinhibition being supported by anonymity (Suler, 2004). This is reflected in the depth and detail of the submissions, and the apparent ease for users in reporting difficulties such as suicidal ideation (N=5), loneliness (N=6), and depression (N=7).

Highlighted in the content analysis was users comments on the benefit of writing out their problems (Shultze, 2006), irrespective of the response they received. Pennebaker (1987) has long documented the therapeutic benefits of writing.

Client satisfaction was measured using the Client Satisfaction Inventory –Short Form and was administered to 15 Clients and returned by 7 (47%). Mean satisfaction was 58 (out of 100).

The findings are preliminary and generalizability forfeited by small sample sizes (Self-reported questionnaire N=13; Content analysis N=32; Client satisfaction N=7). Because of a technological fault, sample sizes were compromised as data collection was disrupted at the time of the research and consequently data was lost.

4. Discussion

The discussion will concentrate on salient themes that the results highlight, including online provision reaching an audience who ordinarily do not use face-to-face services, online provision acting as a gateway to further support, disinhibition that arises from anonymity, the potential of the service to satisfy user needs, and the therapeutic benefit of writing.

1. Reaching an audience that does not ordinarily use face-to-face services: The literature makes reference to this perceived benefit and perhaps online counselling helps to lower the impact of stigma in help-seeking. This seems to be the case for science students. It is encouraging to note that online services may in fact attract a group that don't generally use face-to-face counselling. The experience at TCD is not unusual in this regard and the same phenomena can be seen at other universities.

The high percentage of access and use outside of 9-5 highlights a need for flexible service provision. It also demonstrates the value for users in accessing services on time and on demand, which is often outside of traditional service hours. In this way, student who perhaps cannot access regular services because of loaded timetables can still receive

the support they may require? An example would be engineering and indeed science students who generally have lectures, tutorials and labs that run from 9-5 most days.

II. Acting as a gateway to other services: It is known that many people do not access the help that they require. It's therefore encouraging to see users of the online system accessing traditional services. This was an aim and intention of providing such a service. Online counselling has the potential to act as a first step for users (Mitchell & Dunn, 2007). Given the demands placed on services and the general lack of therapists, often there are waiting lists in seeking help (Marks, 2007). This runs contrary to the known beneficial impact of early intervention (Royal College of Psychiatrists, 2003). Perhaps online counselling could be seen as an aspect of stepped care. Therefore, it is not seen as a replacement of traditional services but rather an extension (Proudfoot, 2004). The majority of respondents (77%) to the self-reported questionnaire rated the service as a complement to traditional services.

At the same time, some users may hold a preference for working online. One user wrote: 'I couldn't make a confidential appointment with a counsellor'. It's important to note this and perhaps be open to the preferences of users.

III. Anonymity and disinhibition: The perceived privacy of the internet seems to help users overcome stigma associated with service use. This is an encouraging point and has been written about extensively in the literature. Researchers have continually noted this benefit of the internet to deliver psychological services irrespective of the media used, whether it is CD-ROM, online counselling, Video-conferencing, etc.

IV. Inherent effectiveness of online counselling: The qualitative comments from users are not extraneous to the bulk of comments received. In addition, many students (46%) self-reported change as a result of the intervention and self-selection for change is a good indicator for actual change (Netemeyer, 1991). At the same time it is important to understand that speculation about the inherent effectiveness of online counselling is just that and substantial evidence has yet to be gathered to support such a claim. However, online counselling has been reported to be beneficial to users as a way of writing out their problems, and as such this has been helpful. Users highlight the benefit of writing out their problems (Shultze, 2006); irrespective of the response they received. As one student reports:

"Really fantastic for those such as myself who find it extremely difficult to spontaneously articulate feelings. It is much easier in writing, and seeing the entries of others is heartening."

V. Satisfaction with counselling: It is noted that users were satisfied with the experience of online counselling (58 out of 100). In a previous study of client satisfaction in online counselling the mean reported reached 67.8, there is no significant difference between this score and the earlier score for users. When benchmarked with face-to-face studies of satisfaction one can deduce that clients are reporting satisfaction but less so than in face-to-face counselling (Leibert et al, 2006). For example, the validation study for the CSI generated a client satisfaction score of 88.1 (McMurtry & Hudson, 2000).

VI. *Presenting issues*: It is not surprising that the presenting issues online matches that in off-line services. More research is needed to ascertain the usefulness of e-counselling in treating specific problems. In this way we can come to a more evidence-based understanding of the place and usefulness of new and innovative interventions in psychological practice.

4.1. Limitations

Difficulties particular to this type of community have surfaced which include technical issues, implications of anonymity, potential dependence, and user safety. For example in the online survey respondents reported on the significance of anonymity (N=13) for success of the service. However, students had to register as members and in doing so usernames, e-mail addresses and student identification numbers were collected. As one student reports:

“... to be honest, because the service has my student number and anonymity is paramount, I feel it could be traced back to me.”

Mental health professionals are aware of the many ethical and legal implications of anonymity and although a balance is required, ultimately user safety is paramount, especially given that it is for young people at university. Realising an ‘appropriate model’ of anonymity is difficult.

Difficulties can arise in working with technology; for example, some students failed to provide an accurate identification number when registering. This potentially compromises user safety and professional service delivery. The technology needs to be robust and able to manage the requirements of the community.

One respondent reported that “*I depend on it,*” which is potentially worrying. A decline in quality of life can result if online relationships replace real-life social interactions (White, 2001). At the same time it can also be read as a supportive comment for the potential of the online community.

Apart from the difficulty experienced in data collection, the difficulties encountered have been minor. In developing the pilot the author gave consideration to many issues such as crisis management, anonymity, safety, ethical, and professional practices, each of which have been built upon from current face-to-face practices and learning from other research studies into online counselling (Efstathiou & Kalantzi-Azizi, 2005).

5. Conclusion

Online counselling is an innovative solution and there are sound reasons to support such mental health service delivery to students at university. The model of online counselling used has been asynchronous and the data collected supports the literature in respect of some of the perceived benefits of online counselling. While the results of this initiative and students attitudes towards are predominately positive some issues and challenges exist. A continuation of the present work and a future evaluation by users would certainly contribute to further establishing the evidence-base for online counselling.

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STUDENTS' PSYCHOLOGICAL WEB-CONSULTING AT THE UNIVERSITY OF ATHENS: CONTENT ANALYSIS OF ONLINE COMMUNICATION BY TYPE OF COMMUNICATION

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Abstract

According to the data presented in a prior investigation (Efstathiou & Kalantzi, 2006) the web-consulting service at the University of Athens enjoys high popularity among Greek students and its current functioning is deemed satisfactory by both users and visitors. This investigation seeks to complement the results obtained by the online questionnaire with findings from the content analysis of questions and answers. Topics investigated include (a) the users' complaints (main difficulty, adequacy of complaint, type of complaint, whether the complaint refers to the user himself/herself or a significant other, previous attempts of managing the problem), (b) the characteristics of the answers provided (referrals, delimitation, suggestions). Results are discussed in reference to the type of communication used (anonymous online form vs. personal email account).

Keywords: Web-counselling; online questionnaire; users' complaints; online communication.

1. Introduction

The evolution of computer technology led to new forms of implications for counselling and psychological therapies. Computer-mediated communication can be defined as any type of communication between two or more individuals facilitated by computer (Walther & D' Addario, 2001).

Internet counselling can be provided for long-term or short-term interventions as well as for single consultations. An one-time question-and-answer psychological service is quite common on the internet and can be private or public. In the first case clients may send e-mails and receive private answers from counsellors. In the other case

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messages and their answers are edited and posted on the internet, usually categorised by problem area, for the benefit of many visitors (Barak, 2004).

Advantages of internet counselling asynchronous communication include the amount of time spent on composing the message, the certainty that a scientific answer will be given by the counsellor and the availability of this type of communication. Disadvantages include potential time lag from the time the message is sent until the response is received (Tate & Zabinski 2004). However, the asynchronous communication can lead to higher quality of information and support (Griffiths & Cooper, 2003). Another important issue in asynchronous internet counselling is the therapeutic characteristic of written expression of thoughts and emotions (Wright & Chung, 2001).

The Counselling Centre for Students at the University of Athens provides a computer-mediated web-consulting service. Communication is asynchronous and the students have the possibility to contact the service either by using an anonymous online form (the only requested data include the student's gender and age) or by their personal e-mail account. The messages (questions) and answers of the anonymous online form are published on the website. Personal e-mails are posted only after the permission of the sender.

Previous research (Efstathiou & Kalantzi, 2006) has shown that the web-consulting service at the University of Athens enjoys high popularity among Greek students and its current functioning is deemed satisfactory by both users and visitors.

This research seeks to complement the above investigation with findings from content analysis of questions and answers (user's complaints and answers' characteristics) in reference to the type of communication used by the students (anonymous online form vs. personal e-mail account).

2. Method

2.1. Sample

During the period of September 1st of 2001 until May 31st of 2005 the web-consulting service of University of Athens received 1743 messages. 1535 (88,1%) of them were submitted through the online anonymous form and were published in relevant pages of the website, while 208 (11,9%) were submitted through the user's personal e-mail account.

The 1535 messages that were sent through the online anonymous form were submitted by 1421 users ($M = 1,08$ messages per user, $S.D. = 0,37$). 61,7% ($N = 877$) of these users were female and 38,3% ($N = 544$), were men and the mean age was 25,37 years ($S.D. = 6,37$).

The 208 messages that were sent through personal e-mail account were submitted by 149 users ($M = 1,19$ messages per user, $S.D. = 0,77$). 48,9% ($N = 85$) of these users were women, 45,4% ($N = 79$) were men, while for 10 users (5,7%) there were no available data about their gender. The mean age of these users was 24,5 years ($S.D. = 6,90$) (50,6% , $N = 88$ of these users did not provide their age). The missing data concerning the gender and the age are justified by the fact that data exist only from the users that

decided to provide them in their message or because their gender could be easily presumed by the content of their message.

Nine (9) users that sent a message through their personal e-mail account had also sent a message through the anonymous online form. Consequently, the total number of users of the web-consulting service through both forms of communication is 1562 users.

2.2. Procedure

The messages through e-mail personal account (questions and answers) were saved, after their classification, in plain text form. The messages through the anonymous form (questions and answers) were saved in an html form.

2.3. Content Analysis

The total number of messages that were sent to the web-consulting service (N=1743) were submitted to content analysis. The aim of this procedure is the conversion of the secondary qualitative material in a form of quantitative data through its systematic examination. After the completion of categorization and coding of the total sample, the primary data were quantified and these data were submitted to statistical analysis. For the content analysis the stages proposed by Bardin (1993) were followed:

- a. Proanalysis: A first exploratory reading of 300 messages was carried out. These messages were chosen randomly from the total sample, so as the responses to these messages. Therefore, through the research questions and the elements that came up, a coding system was shaped (thematic units and categories) and was finalised after the reading of the total sample. For the final modulation of the coding system the procedure of emergent coding was followed (Stemler, 2001). Specifically, the thematic units and categories were not set a priori, but a part of the sample was read in order for these to be exacted.
- b. Definition of the basic recording unit: For the purposes of this research the basic recording unit was chosen to be the message that was sent and the answer to it, in order to determine the basic elements that characterize the messages and their answers.
- c. Categorization: In each category the elements characterized by the same or similar meaning and sense were placed together. The categories are exhaustive. Specifically in the total sample (messages and answers) 10 thematic units and 33 categories were located. In particular, for the messages, 6 thematic units and 33 categories came up and for the answers 4 thematic units came up. In this research we will only refer to the categories that show an interest in the comparison between the types of communication used, that is between the anonymous online form vs. the personal e-mail account (see Appendix).
- d. Coding system: The measurement was the absence (coded as 0) or presence (coded as 1) of the thematic category of the manifest content in messages (questions and answers)
- e. Inter-rater reliability: All messages were coded by two independent raters, clinical psychologists, after specific training. For each category Yule's Q and Cohen's Kappa indices were calculated and were satisfying. Yule's Q varied from 0,95 to 1,00 and Kappa from 0,73 to 0,96 (Table 1).

Table 1
Indices Yule's Q and Cohen's Kappa for the Categories of Content Analysis

Categories	Yule's Q	Kappa
Adequacy of complaint	0,99	0,83
The problem refers to another person	0,98	0,74
Complaint: information	0,96	0,74
Complaint: Expression of feelings	0,99	0,74
Previous attempts to manage the problem: online information	1,00	0,87
Main difficulty		
Psychotherapeutic issues	0,99	0,74
Anxiety – Persistent ideas	0,99	0,82
Social relationships	0,99	0,75
Romantic relationships	0,99	0,87
Sexual orientation	1,00	0,91
Mood	0,98	0,74
Eating disorders	1,00	0,87
Academic difficulties	0,99	0,74
General health problems	0,99	0,75
Other issues	1,00	0,96
Family problems	0,99	0,75
Traumatic events	0,99	0,74
Personal difficulties	0,99	0,74
Substance abuse	1,00	0,79
Basic counselling management	0,98	0,81
Information	0,95	0,73
Delimitation	1,00	0,91
Reference to other message	1,00	0,95

3. Results

Differences between the main difficulty by type of communication (anonymous online form vs. personal e-mail account) were found statistically significant ($\chi^2(13) = 52,37$, $p < 0,001$; Table 2). Using adjusted residuals (greater than ± 2), it was found that users of personal e-mail account had higher percentages in “other issue” category and lower percentages in categories: general health problems, romantic relationships and personal difficulties.

‘Other issues’ refer to non students, academic – organizational problems, medical problems and other difficulties and are not connected to students’ psychological counselling. Therefore, this category was excluded from further statistical analysis. So the messages that concern students’ psychological counselling and were included for further research were 1295 (by type of communication: anonymous online form: $N=1179$ (91,0%) and personal e-mail account: $N= 116$ (9,0%).

Table 2
Main Difficulty Categories of Messages Submitted to the Web-consulting Service
by Type of Communication

Main difficulty	Communication method					
	Anonymous form		Personal e-mail account		Total	
	N	%	N	%	N	%
Romantic relationships	378	24,6/90,9	38	18,3/9,1	416	23,9
Anxiety – Persistent ideas	190	12,4/88,4	25	12,0/11,6	215	12,3
Personal difficulties	123	8,0/95,3	6	2,9/4,7	129	7,4
Mood	103	6,7/90,4	11	5,8/39,6	114	6,5
Psychotherapeutic issues	82	5,3/88,2	11	5,3/11,8	93	5,3
Eating disorders	59	3,8/89,4	7	3,4/10,6	66	3,8
General health problems	63	4,1/96,9	2	1,0/3,1	65	3,7
Academic difficulties	44	2,9/91,7	4	1,9/8,3	48	2,8
Family problems	40	2,6/88,9	5	2,4/11,1	45	2,6
Sexual orientation	30	2,0/100,0	0	0,0/0,0	30	1,7
Traumatic events	26	1,7/89,7	3	1,4/10,3	29	1,7
Substance abuse	22	1,4/88,0	3	1,4/12,0	25	1,4
Social relationships	19	1,2/95,0	1	0,5/5,0	20	1,1
Other issues	356	23,2/79,5	92	44,2/20,5	448	25,7
Total	1.535	88,1	208	11,9	1.743	100,0

Statistically significant differences were observed both in categories concerning the messages so as in categories of the answers (Table 3).

As far as the adequacy of the complaint, statistically significant differences were found between the two forms of communication ($\chi^2(1) = 23,44$, $p < 0,001$). Users of personal e-mail account submitted more messages that were not appropriate for web-consulting ($N = 30$, 26,1%/19,2%) than did users of the online anonymous form ($N = 126$, 10,7%/80,8%).

The problems reported in messages of e-mail users referred to another person in a higher percentage ($N = 30$, 25,5%/16,8%) than did in messages of anonymous online form users ($N = 149$, 12,6%/83,2%), ($\chi^2(1) = 16,72$, $p < 0,001$).

Regarding users' complaints, higher percentages on requesting information were observed in messages of anonymous online form users ($N = 545$, 46,2%/94,6%) than in messages of personal e-mail account ($N = 31$, 27,4%/5,4%), ($\chi^2(1) = 14,74$, $p < 0,001$). Also, statistically significant differences were found concerning the expression of feelings, as a type of complaint ($\chi^2(1) = 42,19$, $p < 0,001$). Personal e-mail account users used the web-consulting service to express their feelings about their problem more frequently ($N = 29$, 25,7%/25,0%) than did anonymous online form users ($N = 87$, 7,4%/75,0%).

Table 3
Categories of Messages Submitted to the Web-consulting Service and Answers
Given by Type of Communication

Categories (statistical significance)		Communication method				Total	
		Anonymous form		Personal e-mail account		N	%
		N	%	N	%		
Adequacy of complaint $\chi^2(1) = 23,44^{***}$	No	126	10,7/80,8	30	26,1/19,2	156	12,1
	Yes	1053	89,3/92,5	85	73,9/7,5	1138	1294
The problem refers to another person $\chi^2(1) = 16,72^{***}$	No	1030	87,4/92,5	83	73,5/7,5	1113	86,1
	Yes	149	12,6/83,2	30	26,5/16,8	179	13,9
Complaint: information $\chi^2(1) = 14,74^{***}$	No	634	53,8/88,5	82	72,6/11,5	716	55,4
	Yes	545	46,2/94,6	31	27,4/5,4	576	44,6
Complaint: Expression of feelings $\chi^2(1) = 42,18^{***}$	No	1092	84,5/92,9	84	74,3/7,1	1176	91,0
	Yes	87	7,4/75,0	29	25,7/25,0	116	9,0
Previous attempts to manage the problem: personal effort $\chi^2(1) = 38,46^{***}$	No	1064	90,2/93,0	80	70,8/7,0	1144	88,5
	Yes	115	9,8/77,7	33	29,2/22,3	148	11,5
Previous attempts to manage the problem: online information $\chi^2(1) = 41,79^{***}$	No	1160	98,4/92,1	100	88,5/7,9	1260	97,5
	Yes	19	1,6/59,4	13	11,5/40,6	32	2,5
Basic counselling management $\chi^2(1) = 11,05^{**}$	No	420	35,6/87,7	59	51,3/12,3	479	37,0
	Yes	759	64,4/93,1	56	48,7/6,9	815	63,0
Information $\chi^2(1) = 13,81^{***}$	No	268	22,7/85,9	44	38,3/14,1	312	24,1
	Yes	911	77,3/92,8	71	61,7/7,2	982	75,9
Delimitation $\chi^2(1) = 4,13^*$	No	891	75,6/92,0	77	67,0/8,0	968	74,8
	Yes	288	24,4/88,3	38	33,0/11,7	326	25,2
Reference to other message $\chi^2(1) = 6,29^{**}$	No	1100	93,3/91,7	100	87,0/8,3	1200	92,7
	Yes	79	6,7/84,0	115	13,0/16,0	94	7,3

* $p < 0,05$, ** $p < 0,01$, *** $p < 0,001$

More users of personal e-mail account had attempted before to deal with their problem on their own (N=33, 29,2%/22,3%) than users of anonymous online form (N=115, 9,8%/77,7%), ($\chi^2(1) = 38,46$, $p < 0,001$). Also, more users of e-mail account had previously attempted to manage their problem by seeking online information (N=13, 11,5%/40,6%) than anonymous online form users (N=19, 1,6%/59,4%), ($\chi^2(1) = 41,78$, $p < 0,001$).

Concerning the answers to messages, statistically significant differences were also observed regarding the type of communication. More messages sent by e-mail account were delimited of a specific answer (N=39, 33%/11,7%) than those sent by anonymous online form (N= 288, 24,4%/88,3%) ($\chi^2(1) = 4,13$, $p < 0,05$). Information about the main difficulty was provided to more anonymous online form users (N=911, 77,3%/92,8%) and less to personal e-mail account users (N=71, 61,7%/7,2%), ($\chi^2(1) = 13,81$, $p < 0,001$).

More personal e-mail account users were only referred to other already existing messages of the web-consulting service (N=15, 13,0%/16,0%) than anonymous online form users (N=79, 6,7%/84%), ($\chi^2(1) = 6,26$, $p < 0,01$).

Basic counselling management techniques were given more frequently to anonymous online form users (N=759, 64,4%/58,7%) than to e-mail account users (N= 56, 48,7%/6,9%), ($\chi^2(1) = 11,05$, $p < 0,001$).

4. Discussion

Students that used the web-consulting service at the University of Athens preferred to use the provided anonymous online form than their personal e-mail account.

Content analysis of messages concluded to categories that referred to characteristics of the user's complaint, such as the main difficulty, the adequacy of the complaint, whether the message referred to the user or a significant other, the type of request (requiring information or expressing feelings) and previous attempts to manage their problem. Content analysis of answers revealed categories that concern delimitation of specific answer, referrals (other message, online information), suggestions (information, basic counselling techniques). All categories showed high rates of inter-rater reliability.

The type of communication (anonymous online form vs. personal e-mail account) seems to play a role in the content of both messages (questions) and their answers. The personal e-mail account users used the web-consulting service more frequently for matters that were not relevant to students' psychological counselling. High percentage of these users were not students. A possible explanation to this finding is that, although these users knew that the service addressed to students, maybe they thought that an eponymous and more personal contact with the consultant might give them an answer to their problems. Also, e-mail contact users reported lower rates of romantic relationships, personal difficulties and general health problems as their main difficulty. These difficulties and problems are not so concrete, so they usually require by the user to give detailed information about his/her life and the situation that he/she is going through. This might be a reason that personal contact through e-mail account is not preferred for these difficulties.

Furthermore, more complaints submitted by e-mail account were inadequate for web-consulting, a finding that is in accordance with the higher percentage of delimitation of a specific answer to the request of these users and the lower percentage of providing specific counselling techniques in the answers, in comparison to anonymous online form users. It seems that e-mail account users seek a more personal contact using the web-consulting service that cannot be provided because of the limitations of the nature of psychological counselling through the internet. These users requested a specific diagnosis to the problem they presented or demanded the prediction of thoughts and actions of other persons in specific situations. Others were demanding a continuous contact with the web-consulting service, like a form of online therapy.

Also, the content of the complaint of e-mail account users had to do less with seeking information about their problem and more about expressing their thoughts and feelings concerning their difficulty in comparison to anonymous online form users. This may appear due to the fact that e-mail account users reported in higher rates that they had already sought information through the internet about their problem and had attempted before to deal with it on their own, so they might have attempted to communicate in a more personal way about what is troubling them. Consistent with these findings are the differences found in the answer's content. Information about the main difficulty was provided to more anonymous online users, since the others reported that they had already visited relevant to their problems websites.

More complaints of e-mail account users referred to another person and not to the user himself/herself. Exposing the difficulties of another person is usually done without the other person knowing about it. Messages submitted by e-mail were not published on the service's website unless the sender was asked by the consultant. So, the e-mail users may assume that their action could better be kept as a secret from their significant other.

Regarding the answers, except the limitations set to specific questions probably because of the inadequacy of the complaint and the differences in information given, more e-mail account users were only referred to other existing messages on the web-consulting service. Multiple explanations may be given to this finding, such as that e-mail account users do not spend time on reading the already published material or that they did not locate the anonymous form.

In conclusion, it seems that messages through e-mail account were more irrelevant to students' psychological counselling. Web-consulting needs to expand to other age groups. Also, users seem to prefer the e-mail than the anonymous online form, when they are dealing with problems that are more concrete, when they do not have to provide much personal information and when they seek information about a significant other. E-mail account users may have a greater need to express their thoughts and feelings about their problems and have more demanding complaints that cannot always be dealt by psychological counselling through the internet. This supports the opinion that psychological web-consulting is not a stand alone service and works complimentary to full treatment options.

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APPENDIX

Definitions of Categories

<i>Categories of messages</i>	<i>Functional Definition</i>
Adequacy of complaint	All messages that include one or more complaints that are adequate for providing an answer, given that they concern students web-consulting
The problem refers to another person	The main complaint concerns to another person and not to the user of the service
Complaint: Information	The user requests information concerning a topic that interests him/her or is troubling him/her
Complaint: Expression of feelings	The user wants to express his/her feelings and thoughts through the message concerning a topic that interests him/her or is troubling him/her
Previous attempts to manage the problem: personal effort	The user states that he/she has used or is still using other ways in order to deal with his/her problem or the situation that is bothering him/her
Previous attempts to manage the problem: online information	The user of the service has visited or/and consulted information from web pages on the internet aiming to the management of his/her problem

Main difficulty

It concerns the main difficulty that prompted the user to send his/her message to the web-consulting service

1. Psychotherapeutic issues	The main complaint of the user concerns a question about information on issues about psychotherapy (e.g. self-help book) or about the existence of specific mental health services outside the area of Athens, about the psychotherapeutic approaches, ethical issues and information about drugs
2. Anxiety – Persistent ideas	The main complaint of the user concerns symptoms or the consequences of a clinical image that indicate an anxiety disorder
3. Social relationships	The main complaint of the user concerns a problem that appears in the context of his/her social relationships
4. Romantic relationships	The main complaint of the user concerns a problem that appears in the context of his/her romantic relationships
5. Sexual orientation	The main complaint of the user concerns his/her homosexual or bisexual orientation
6. Mood	The main complaint of the user concerns an issue about his/her mood

7. Eating disorders	The main complaint of the user concerns an issue about his/her diet or/and eating disorders
8. Academic difficulties	The main complaint of the user concerns any difficulty about academic issues in a pre- or post- graduate level
9. General health problems	The main complaint of the user concerns a problem on the area of physical health with psychological complications
10. Other issues	The main complaint of the user concerns a problem that does not appear in the context of students' psychological counselling
11. Family problems	The main complaint of the user concerns a problem that appears in the context of his/her family relationships
12. Traumatic events	The main complaint of the user concerns a traumatic event or/and memory
13. Personal difficulties	The main complaint of the user concerns severe difficulties on a psychological level (e.g. personality disorders, psychotic episode etc.)
14. Substance abuse	The main complaint of the user concerns substance abuse (drugs or/and alcohol)
<i>Categories of answers</i>	<i>Functional Definition</i>
Basic counselling management	Answers that aim to ways of adequate and helpful management of the user's complaint through counselling techniques
Information	Answers that include information about the formation of the problem or/and ways of changing the problematic situation etc.
Delimitation	Answers to which no specific answer could be given to user's complaint because of the limitations of psychological counselling through the internet, or because of the nature of the complaint (e.g. diagnosis of the problem, predicting thoughts and actions of other persons, adequacy of information given, demand for continuous therapy through the web-consulting service etc.)
Reference to other message	Reference to other published messages sent and answered by the web-consulting service with the same or similar complaint
Reference to online information	Online information to other scientific websites in order to obtain valid and accurate information about his/her complaint

REVIEW PAPERS

THE MENTAL HEALTH OF GREEK STUDENTS: A REVIEW OF GREEK MENTAL HEALTH EPIDEMIOLOGY RESEARCH AND IMPLICATIONS FOR THE STUDENTS' COUNSELLING CENTERS

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Abstract

The recent mental health rigid perception tactic is to track the population to which service-department addresses, as findings allow the mental health structure adjust to their function the particularity of each group of population. Especially for institutions that were founded recently, such as the Students Counselling Centers, the research for students' needs and expectations is necessary. Following this rigid tactic in the light of the Christopoulos et al. (1997) research findings for the students mental health and attitude of the University of Athens, and the fact that Greek students consist a special group of population that differs not only from the whole Greek population but from the whole planet students population as well, many Greek Universities Students Counselling Centers conducted over the last few years, research for the recording-registration of the students' need for psychological help. This article presents some findings of epidemiological research which took place in Greece and emphasizes those that had examined the mental health of Greek students. An epidemiological research which would not be limited in the creation of a measuring scale of the general mental health condition, but proceed to a second phase which would inform about specific disorders, is thought to be necessary. It is then possible to examine the range of mental disorders which are observed to the students population in combination with the characteristics of the after adolescence period, the level of highest education, and the student's family environment as well. There is so, a potential for the Greek Universities Students Counselling Centers to offer services that students' epidemiological research would require.

Keywords: Mental Health Epidemiology, social policy planning, mental health services research, Demoralization, students, Greece.

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1. Epidemiology

Epidemiology is the science which examines the division and the crucial factors of the frequency diseases appear in people (Susser, Schwartz, Morabia, & Bromet, 2006). The frequency of the diseases is examined and related to diverse characteristics of people or the environment. If one examines the etymology of the word ‘epidemiology’, one can find out that it derives from the Greek terms *epi* (upon, among), *demōs* (people, district), *logos* (study, word, discourse), which mean “the study of what is upon the people”. The examination of the frequency a disease appears is not something new. However, the development of the epidemiological theory and method over the last decades has offered new potential and has attracted many fields attention (Ahlbom & Norell, 1990).

In the past, epidemiology was considered to be the science which looks into epidemics, the infectious diseases in other words, which affect many people suddenly and uncontrollably. Hippocrates, the father of medicine, used the term ‘epidemiology’ to examine how a disease affects the population of a region. Epidemiology as a term comes from the word ‘epidemic’, which refers to the science which examines epidemics’. After the Industrial Revolution, the definition and the content of epidemiology were very restricted (Prince, Stewart, Ford, & Hotopf, 2003). Because of progress in science, preventive treatment was applied and serious world infectious diseases were confronted (Susser et al., 2006).

This change in humans’ nosology lead slowly to the widening of the content and the research objects of epidemiology. Nowadays, epidemiology examines many diseases, mental disorders, accidents, even suicides. In addition, it examines every factor affecting (prevalence) the illness of a population.

2. Mental health Epidemiology

Mental health epidemiology is a scientific field of General Epidemiology. It was developed during the Second World War in order to track the needs of each region and to create the required mental health services for them. Mental health epidemiology focuses on the prevalence and incidence of mental disorders and examines deeper the socio-cultural factors which refer to the cause and dynamic of these disorders (Prince et al., 2003). According to Ahlbom and Norell (1990), mental health epidemiology is the study of distribution, frequency and examination of the mental disorders’ causes in human population.

The diseases’ frequency measures consist the main point of epidemiology and are referring either to old or new cases (Ahlbom & Norell, 1990). These diseases’ frequency measures are called indicators of sickness which are divided in two categories: the disease prevalence rate and the disease incident rate. The first one shows the frequency of a disease at a specific point in time, and the second one shows the frequency a disease develops in a specific period of time. The prevalence focuses on an exact moment. Especially in epidemiology, the ‘exact moment’ means usually a specific day. The

'incidence' on the other hand, has a time dimension as the rate depends from the time period or from the type of unit of time which is used each time. The incidence is now considered to be a "true prevalence" (Madianos, 1996).

The height of prevalence depends then from the incidence, as higher rhythm of appearance of new cases adds cases in the number already existing. As a result, the number of cases increases (Ahlbom & Norell, 1990).

According to Lin and Standley (1962), mental health epidemiology aims to:

- Investigate the number of people who are mentally ill and those who are healthy.
- Find the relation of the populations' characteristics and the appearance of mental disorder, so as to find the cause.
- Find the probable causes from laboratory or clinical researches.
- Appreciate the rates of therapeutic improvement concerning the evaluation of the efficiency of the preventive and therapeutic treatment. .

From the above, one can conclude that the main goal of the mental health epidemiology is to identify the extent of mental disorders in human population (prevalence and incidence), and to evaluate the efficiency of prevention and therapeutic means (Madianos, 1996).

It is necessary, in this part, to define mental health. According to the World Health Organization, Mental health can be seen as a continuum, wherein an individual's mental health may have many different possible values. Mental wellness is generally viewed as a positive attribute, such that a person can reach enhanced levels of mental health, even if they do not have any diagnosable mental health condition. This definition of mental health highlights emotional well being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges (Madianos, 1996).

According to Marie Jahoda (1985), the good mental health is defined as the result of a normal behaviour, as a balanced situation of seven features:

- The conscience of his/her identity,
- The ability he/she has to be self-reliant,
- The ability he/she has to cope with the normal stress of life,
- The ability he/she has to have a forceful personality and to be above social influences,
- The ability he/she has to control the environment,
- The ability to love, work and having fun,
- The ability to solve all his/her problems.

The conduct of epidemiological researches, the examination of mental disorders and the consciousness and information of the population for the mental health matters are considered to have a great importance.

3. Review of epidemiological researches in Greece and abroad²

The constant efforts for epidemiological analysis of mental disorders in Greece are very restricted. Most epidemiological researches were conducted by Madianos and his colleagues, in the Unit of the University Psychiatric Clinic in Athens and the National Centre of Social Researches (EKKE).

In an extensive, cross-sectional research which took place on the spot from EKKE (Madianos & Zarnari, 1983) a random two-phase sample of 4.083 male adults and women aged between 20 and 64 from 33 regions of the country, was examined. This sample represents 1.5% of households from all over the country. For the assessment of their mental health, symptom screening scales were used (Langner and CES-D). The results showed that 24% of the women and 11.1% of the men could have been individuals who were not mentally healthy as they had functional problems. Those who came from Athens area showed higher percentages of psychopathology, comparatively to those who came from other places. Women seemed to have three times higher percentages of severe disorder and more than two times higher percentages of serious disorder. As for the depressing symptomatology research, the CES-D scale (16: cut of) was used and revealed that 17.2% of the whole population of the country (23.4% of the women and 9.6% of the men) showed symptoms of depression.

In 1984, a new synchronic nation-wide research took place on the spot. The topic was the role of psychosocial factors in mental health and drug use. The sample was consisted by 4.292 individuals aged 12 to 64, emanating from 37 prefectures of country, and was absolutely representative of the general population. The detection of psychopathological symptoms was based on the Langner and CES-D scale. Having as criteria 6 or more psychopathological symptoms, 18.7% of the male sample, aged between 18 and 64 and 37.6% of the female sample seemed to suffer from serious mental health disorder. According to the CES-D's cut of, 16 points, 4% of men and 37.6% of women presented with depression symptoms. The prevalence of current major depressive episodes, according to specific criteria matched with criteria from the DSM III R, was increased-especially for women- comparing to the results of the nation-wide EKKE's research (Madianos & Stefanis, 1992).

In 1980-1981, a two-phase cross-sectional study was performed on a sample of 1,574 adult residents of two boroughs in the greater Athens area (Vyronas and Kaissariani) that are served by a Community Mental Health Center, in the frame of

2. Epidemiology, where the research of two phases with structured interviews is not used, is based only on questionnaires. As a result, we can reach only to conclusions about demoralization and not the mental disorder condition. The self report symptom screening scales for case finding (CES-D, Langner, etc) measure symptoms that do not constitute shaped clinical entities and they are connected with-according to Madianos (1996)- feelings of loss of hope, despair, abandonment and anxiety, which lead to defeatism, despair and demoralization. Those symptoms can be of provisional character and can touch more some vulnerable social groups, like students. Consequently the reported percentages in the present paper, where epidemiological researches data will be presented, cannot be indicative of psychopathology, but can be seen more as a disturbance of the common health condition.

systematic epidemiologic estimation of psychiatric needs of the habitants of those municipalities. The results showed that women suffer more from mental disorders (29%) than men (18.1%). After a more precise examination from two different questionnaires, which was based also on eleven clinical and other criteria, it was observed that the percentages were reduced to 18% and 8% respectively. The percentages of depressive symptomatology, as they were detected by scale CES-D, were 9.26% for men and 23.3% for women. In the second stage of the same research, two psychiatrists conducted clinical diagnostic interviews with 360 individuals that were selected by the initial sample. According to their clinical condition, 18.8% of this sample presented evident clinic psychopathology (Madianos et al., 1985).

In 1994, a follow-up study was conducted to re-interview the sample of 360 respondents through the use of the Structured Clinical Interview for DSM-III-R (SCID) (Madianos, Economou, & Stefanis, 1994). The follow-up search resulted in 182 baseline respondents being located alive, plus 38 certified as dead and a residual 140 (38.8% of the baseline sample). Among the main findings, of the previously (1980 to 1981) identified cases, 42.8% were similarly diagnosed as cases in the follow-up study; 92.4% of the baseline second stage (1980 to 1981) noncases were also found to be noncases in 1994. "Caseness" was found to be associated with high mortality. Of the subjects interviewed at both cross-sections and diagnosed as having a psychiatric nosological entity at time 1 (1980 to 1981), 67.5% were found to be mentally healthy at time 2 (1994).

These percentages are similar with those that reported Mavreas et al. (1986) in a research which took place on the spot, where 489 adult residents, living in the municipalities of Agia Barvara and Chaidari were examined. Using Present State Examination (PSE) and the Index of Definition's grades, higher or equal to 5, 8.6% of the male sample and 22.6% of the female sample were thought to be clinical cases, while the total percentage of the prevalence of mental disorders in the sample was equal to 16%.

In 1992, a research in the prefecture of Ioannina, took place by Mouzas (1996). The sample of 1,986 people aged between 18 and 65 was chosen at random. According to the results, women presented higher percentages of psychopathology than men (25.8% and 15.8% respectively), while residents of the town had higher percentages of psychopathology than those of the rural communities (23.8% to 21.56%). In addition, the elderly people, people with low educative level, and cases of widowhood showed high level of psychopathology. Experience of stressful life events (SLE), were also thought to play an important role and cause psychopathological problems. As for the predominance of the depression symptomatology, it was found out that woman showed double percentages than men (18.4% to 9.5%). The appearance of the depression symptomatology was found to be caused by SLE, low educative level and widowhood, a fact that reflected the case of the general psychopathology as well.

As part of a systematic epidemiological survey of mental disorders in two Athenian boroughs, a probability sample of 251 elderly community residents was examined (Madianos, Gournas, & Stefanis, 1992). A higher proportion of females than males (39.8% and 29.5% respectively) were characterized as psychologically impaired, reporting nonspecific symptoms of distress. Older respondents of lower socioeconomic status experiencing stressful life events, such as living alone or having been exposed to

migration in the past, exhibited a significant degree of psychopathology. Affective disorders constituted nearly half (9.5%) of the total number of psychiatric diagnoses (20.3% of the sample).

In a more recent epidemiological research Efthimiou (2007) examined basic epidemiologic indicators of mental health of the residents in an Athenian community. In this research, a systematic random sample of 10.5% of all families of the municipality (N=738) participated and were interviewed. The General Health Questionnaire (GHQ-28), the C.E.S.-D and the Questionnaire about Orientations to Seeking Professional Help were used. In order to compare these data with those of the 2001 census' National Statistical Service, the sample was equated with the population. The elements of the sample accordingly are not differentiated by those of the general population regarding the sex and the age-related distribution.

The results show that statistically important results exist between various cross-correlations. The effect of sex for the general grades of the C.E.S.-D and the G.H.Q.-28 scales is observed, as women seem to present higher grades -in both cases- in comparison to men. At the same time, it was found out that a statistically important effect of age-related team for the general grades of C.E.S.-D. and for age plays an important role in the C.E.S.-D and the total G.H.Q. grades. In addition, this research revealed the great influence of the educative level in the C.E.S.-D and the total G.H.Q.-28 grades. In particular, residents with low or medium level of education present higher grades in both cases compared to those who were highly educated.

The percentages of clinical cases in the C.E.S.-D and the G.H.Q.-28 scales were examined: 28.4% of the clinical cases (cut of: 16) and 15.4% (cut of: 21) in the C.E.S.-D scale, and 27.4 % (cut of: 4/5) in the G.H.Q.-28 scale. As the research is based in our opinion, on the most complete epidemiological research ever done in Greece, the Madianos and colleagues' research (1983), in a sample of 1.574 residents of two communities of Athens, the data were compared not only with the results of this research, but with those which followed the same procedure and took place in Greece since then. Efthimiou (2007) observed an increase of clinical cases and tolerance towards the stigmatization, an understanding of the need for mental health specialists' psychotherapeutic help and trust and noted that women and young people have a different behaviour compared to men towards these matters.

An epidemiological research in a sample of 126 students aged between 14 and 20 in a medium professional faculty resided in a boarding school was carried out by Madianos, Giannakas, Madianou and Kra (1980).The control sample consisted of 61 girls of the same age and socio-economic and educative level with the sample, who also resided in a boarding school and had acquired professional education, as well as 50 girls of the same age with similar social and educational characteristics, which however, lived with relatives or with their family. The utilisation of the Langner scale showed that all three groups had high percentages of psychopathology (43.6%, 50.8% and 30% respectively).

As for teenagers, there is another epidemiological research which was conducted in a semi-urban region (Kokkevi et al., 1986). The sample consisted of 795 students aged between 14 and 18, from two representative schools of Athens and by 309

teenagers, students from Salamina (an island close to Athens) which had similar characteristics with the sample. The first group of students was compared with a group of 320 adults who were bank employees in Athens. Their examination was based on the MMPI scale. The results showed that, in the matter of personality, girls worried more and felt less secure and self-confident than boys. Moreover, almost double number of girls presented slight or more serious symptoms of depression and anxiety. In contrast to the adults' sample and the one of the teenagers in Salamina, teenagers in Athens seemed to express higher percentages of psychopathology.

In the international scene, several epidemiological researches for mental disorders were conducted mainly before the 1950s, a time when, according to Dohrenwend (Madianos, 1996), was marked by the conduct of classic epidemiological researches. These researches, the most important of which was the systematic research for mental disorders in the community of Chicago in the USA, which took place during the 1930s (Faris & Dunham, 1939), examined mental disorders in the community and noted the importance of social factors in the development of these disorders and proved that the conduct of epidemiological researches is not only useful, but necessary as well, as social, economic, environmental and other developments and changes in modern societies have very often negative effects in mental health. The epidemiological researches help the recording of mental health's disorders in different groups of population, the taking of actions as well as the creation of adequate services and prevention and intervention programs for disorders within the community.

The presence of many international articles concerning the results of epidemiological researches exceeds the objectives of this article as no further analysis is needed. An outstanding review of Norquist and Regier (1996) exists as well.

4. Review of Greek researches relevant with the students' mental health epidemiology

In the epidemiological research of Navridis, Dragonas, Maliarinis and Damigou (1990), for which a sample of 243 students of the University of Ioannina-in relation with the students' Counselling center of the University as well- was used, the results revealed that the total percentage of students who were demoralized, according to the CES-D scale (cut of: 16) is equal to 29% for boys and 49% for girls. Those findings, compared to a nation-wide sample of young people aged between 20 and 29 (Madianos & Zarnaris, 1983), show that students who present depression symptoms, according to the CES-D scale is 39.2%, that is to say, three times more than the one of the general population (12.2%).

According to the percentages in the Langner scale, 14% of the female students and 7% of the male students showed a serious disorder, while on the other hand, 13% of the female students and 4% of the male ones showed a severe one. The percentage of students who presented a serious or severe disorder was four times higher than the one referring to the same target group of the general population (19.2% to 4.9%).

The comparison of the average percentages in both scales for both sexes, revealed that girls statistically had higher average scores of psychopathological and depression

symptoms than boys. Similar differences between the two sexes confirmed the nation-wide research of Madianos and Zarnaris (1983).

In addition, the comparison of the means of this research's psychopathological symptoms to those of the young men and women aged between 20 and 34 of the nation-wide research showed that students had higher scores. The demographic variables, the work and the father's educative level, the urban and in general the kind of existing environment in Ioannina, showed no relation to the students' mental health.

As for the needs of all students, according to the questionnaire's responses, which was created for this research (Navridis et al., 1990), it became obvious that factors such as family of origin, social relations, relations with the opposite sex, conditions of the students' life and relations with the University were relevant to psychopathological and demoralization symptoms.

In an extensive, cross-sectional EKKE's research (Madianos & Zarnari, 1983), based on the Langner scale, using a random sample of 4.083 adults aged between 20 and 64, it was showed that 49.4% of the men aged between 20 and 25 had good mental and body health, 31.7% and 15.2% respectively had slight and medium disorder and 3.1% and 0.6% had serious or severe disorder. The percentages for women on the other hand, were 41.1%, 36%, 16%, 4.3%, and 2.6% respectively.

In the epidemiological research which was conducted by Madianos et al. (1985), in the municipalities of Vyronas-Kaissariani, and for which a random sample of 1.574 people aged between 20 and 29 was used, it was noted that the men aged 20 to 29 presented lower percentages of serious disorders and higher percentages of good mental health compared to women. In particular, the percentage of women with good mental condition came up to 63.9% contrary to 75.2% of men. However, women reported a body illness in a percentage of 0.9% compared to 2.4% of men. Moreover, 19.1% of the women and 12.8% of the men had medium mental health's disorder. The percentages for serious and severe disorder were almost two times higher in women (11.4% and 4.7% respectively) contrary to men (7.2% and 2.4% respectively). In general, the highest psychopathological percentages in the whole sample were those of the group of people aged between 50 and 59. The group of people aged 20 to 29 came in the second place of the list.

In the Mavreas et al. (1986) research which was based on the PSE and the percentages of the Index of Definition, in a sample of 489 adults aged between 18 and 74, residents of the municipalities of Agia Barvara and Chaidari, it was observed that the group of people aged 18 to 24, and especially 92.3% of the men and 93.6% of the women had scores from 1 to 4, while 7.7% of the male sample and 6.4% of the female sample had scores from 5 to 8 and were seen as 'clinical cases'. The final percentage of those who were characterized as 'clinical cases', was 8.6% for men and 22.6% for women.

A most recent - not epidemiological - research for psychological needs, attitudes and students' expectations in relation with the function of Counselling centers, which focused on presenting the problems of the students (Efthimiou, Efstathiou, & Kalantzi-Azizi, 2001) and was based on a sample of 1.184 students of three of the largest Greek universities, reveals some special characteristics of the students.

In this research, 15.3% of the students' sample noted that they have psychological problems, percentage that confirms the existing epidemiological data about mental disorders by students. Women stated that they suffered more from psychological problems than men, a fact which is not only pointed out in many researches based on students' samples and has been given many explanations-either abroad (Aherne, 2002), or in Greece (Navridis et al., 1990; Christopoulos et al., 1997)- but also in those reflecting the general population as well (Weissman & Myers, 1978; Madianos, 1996). Moreover, University students of the faculties of Law and Pedagogic seem to be those having the more psychological problems. These results gain support of other researches as well (O'Mahony & O'Brien, 1980). Finally, students who had financial support from their parents reported less psychological problems.

Clara (1998) conducted an epidemiological research for students' mental health with the help of the services of a University mental health center in Brussels. The results of this research do not coincide with those of the Navridis et al. (1990), as they ended up in the conclusion that mental disorders do not appear more often in students than in the general population of the same age, but, instead, the problems for which students ask help have more to do with the developmental stage they are belonging to and with their specific social and professional expectations.

A matter that has concerned intensely many researchers focuses on whether students are more 'vulnerable' in the development of mental disorders than other groups of the population. There is indeed controversy in this matter. In particular, many are those who claim that students consist a group of 'high risk' for the development of psychological problems (Rubio & Lubin, 1986; Navridis et al., 1990).

Some other researches, on the other hand, claim that mental disorders do not appear more frequently in students than in the general population of the same age (Clara, 2002). Each student has to deal for the first time with his/her new and different life, as the struggle of the young person who deals with the new condition of the social environment are thought to enrich, from a psychological, evolutionary point of view, his/her adaptability and do not always result in the development of psychopathology, a fact that used to be the case in the past. On the contrary, new life experiences of the post-adolescent period in Universities, can make him/her more stable, in terms of personality, and can help him/her to develop all aspects of his/her personality and adopt new ways of thinking and behaving (Kalantzi-Azizi, 1998).

There are many arguments related to the percentages of the development of students' psychopathology, as different studies seem to conclude that they vary between 6% and 25% (Offer & Spiro, 1987). According to other researchers (Glantz & Malanowski, 1982), the percentages of students who suffer from psychological problems vary between 15% and 20%. It was also proved that a number of students is possible to develop mental disorder even if SLE and anxiety do not exist, because the most frequent and dangerous time to develop some disorders is considered to be the end of the adolescence and the beginning of adulthood (Clara, 1998). Many mental disorders- like schizophrenia, major depression, mood disorder, obsessive compulsive disorder, panic disorder, social phobia, other special phobias, anorexia nervosa and bulimia appear in this transitory age (American Psychiatric Association, 1994).

A research conducted by Christopoulos et al.(1997) in 235 students of various departments of University of Athens, based on the GHQ-28 questionnaire, pointed out that approximately 8% of the sample was facing a great danger of developing mental disorders, while the percentage in the whole international population of students is estimated to vary between 6 and 25%.

5. The mental health's community model for students counselling

The examination of epidemiological questions, as analyzed above, aims at planning the way mental health services can be useful. The main principle of the Ottawa Canada Charter, which was signed by all members of the UN, is to use the researches' results. According to it, the slogan that represents the promotion of health is 'facilitate-intermediate-support'. Moreover, the health prevention and promotion main principles must be to strengthen the community action (activism), to create a supportive environment, to reorient health services and to move into the arena of community social policy (see Fig. 1).

According to Modolo (1982), the participation procedure of professionals to the resolution of a community health's problems and to health's promotion can be achieved by the progressive organization of a model based on an hierarchical structure. The intervention begins when pointing out the needs and aims with the help of epidemiological methods and the use of objective data, in contrast to the subjective data of each population-target. Not only with the future service users' motives but the resistance of the population-target as well, health professionals continue their work by publishing all the information-data and by planning the decisions. Finally, the evaluation completes the procedure with the reinforcement or the modification of the program, where the subjective elements of the population are turned into objective ones, are counted and constitute the indicators of health (Efthimiou, 2007).

The Greek Universities' Counselling centers, fifteen years ago, were based on the above principle, which is established by the modern Community Clinical Psychology perception for mental health. Slowly, but methodically, it was them who combined the collected subjective data with objective data that came from researches that were conducted in the 1990s. These data (which refer to all students' problems that each one is facing or used to face, the intention of cooperation with a psychologist, the required students Counselling center activities, its comments, thoughts and propositions for the students' Counselling center organization and function) allowed the students Counselling centers' members to offer their help as specialists to all Universities' students. The Universities students' motives and resistances were examined, and consequently, the Counselling centers became widely acceptable without intense reactions. The results of the researches showed the great importance of Counselling centers' offering services and created new topics for further examination, which could lead to new researches with the use of specialized psychological scales (Kalanzi-Azizi, 1998). Based on the principles of the foundation of mental health's community services, the epidemiological research became the next target of all collaborating students' Counselling centers.

The psychopathological and depression symptoms from the above studies must not be considered as clinical entities, but, as demoralization symptoms, which, according to Madianos (1986), 'have sociogenetical characteristics and appear in cases of frustration's feelings and reward's absence of high risk or marginal (deprived) social groups (immigrants and other minorities) who live in a disintegration social system. Of course, these symptoms must be seen as 'alarm signals' and lead to seeking help. In general, the mental disorders' percentages which resulted from studies in Greece are similar to those of foreign community's studies (Dohrenwend, 1990).

Although in the past few years an effort has been done in Greece to examine the mental health of Greek people, no appreciable cross-sectional studies have been conducted. As a result, epidemiological comparisons can only be made throughout the examination data from representative but small samples. The absence of a great pan-Hellenic research is obvious. This fact leads to the question of how has in fact the science of psychiatric epidemiology helped the psychiatric reform in Greece over the past two decades. Unfortunately, we can assume that not even the formation of Greek community mental health centers was based on epidemiological data. On the other hand, even if there is an important effort from Greek Universities Counselling centers, the existing research data allow us only to prove the necessity of psychological Counselling.

Accordingly, our goal two years ago was the conduct of a Pan-Hellenic epidemiologic research that would not be limited in a scale that measures the general level of mental health, but would proceed in a second phase, in the issuing of specialised scales that offer data for concrete clinical areas. In this way, the breadth of mental disorders that is observed on the student population concerning the developmental characteristics of the Post-adolescents in Greece is possible to be investigated. This epidemiologic research of great dimensions in Greece, which was completed a few months ago, was financed *with the support of the Charities Foundation Aid Johnson & Johnson, London, U.K.* and was conducted by a research team of the University of Athens' Laboratory of Psychological Counselling in collaboration with the Counselling Centres of the other seven major Greek Universities. The first results of the research, which were based on a Layered random sampling (university, department, year, sex) of the 8% of Higher education's students of Universities which had currently active counselling centres for students (N = 6972), will be presented by the colleagues who had the local responsibility of the procedure in their universities.

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SUPERVISION AND TRAINING IN THE PSYCHOLOGICAL COUNSELLING OF STUDENTS

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Abstract

Clinical supervision seems to be an integral part of the training for mental health professionals in general. The main reason supervision is a necessary and important part of training in clinical psychology is the enhancement of professionalism and the improvement of the quality of mental health service. Counselling centers at colleges and universities are popular practicum and internship placements for counsellor education programmes. Group supervision is usually the type of supervision be practiced in internship programmes. A number of models have been used to study supervision in counsellor education. Here, two very common types of supervision models are analyzed briefly: the Social Role Models and the Developmental Models of Supervision. Among the various important issues which concern the supervisory process in counselling centers in higher education, those of contracting, evaluation and supervisory relationship have been selected to be discussed in the present work.

The basic ingredients for the supervisory contract are mainly: purpose, goals and objectives of supervision, context of services method of evaluation, time management, professional boundaries, supervisory methods, supervisor's responsibilities and requirements, supervisee's responsibilities, confidentiality policies and documentation of supervision as well as supervisory liability. Concerning evaluation, it seems that most definitions of criteria include issues of competence, as well as interpersonal and intrapersonal skills. The working alliance between the supervisor and the supervisee (or supervisees) is of great importance. The supervisory working alliance consists of three components: mutual agreement on the goals of supervision, mutual agreement on the tasks needed to reach the goals of supervision and an emotional bond involving mutual liking and caring between the supervisor and the trainee.

Keywords: clinical supervision; counsellor's supervision; developmental models of supervision; social role models of supervision; supervisory contract; supervisory evaluation; supervisory relationship.

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1. Introduction

During the last years increased attention has been being paid to the role of supervision in the training programmers in clinical psychology (Fleming & Steen, 2004), as well as in counsellors' education (Davis, Alcorn, Brooks, & Mara, 1992).

Clinical supervision seems to be an integral part of the training for clinical psychologists, nurses and mental health professionals in general. Also, training programmers on psychotherapy include psychotherapy practice under intensive supervision. The main reason supervision is a necessary and important part of training in clinical psychology is the enhancement of professionalism and the improvement of the quality of mental health services. In the context of their training programme, clinical psychology trainees undertake clinical placements supervised by a qualified clinical psychologist. As well as the term 'clinical supervision' for supervision being used in the context of training programmes, this term is also used by Cogan (1973) for supervision applied in field settings, focused on professional practice (Scaife and colleagues, 2001). The focus of clinical supervision seems to be on developing the knowledge, skills and values of clinical practitioners and therefore, it can assist them to improve their clinical practice (Daley, 1995). "Supervision, teaching and clinical training have emerged as the central activities that define contemporary counsellor education" (Sexton, 1998, p. 2). Although supervision, teaching and clinical training are intertwined, their boundaries are not clear yet (Whinstone, & Coker, 2000).

For the purposes of the present article, important issues for the counsellor education such as the clinical training and the curriculum are not discussed. This article focuses on clinical supervision of students at clinical or counselling psychology who are trained in student psychological counselling. Of course, supervision in this field may have many common aspects with supervision of trainees in other mental health settings. However, there are some particularities in student psychological training as it is mentioned below.

There are various definitions of supervision which sometimes set limits either on the role of supervisor (e.g. more didactic) or on the type of supervision (e.g. they limit it to a one to one relationship, excluding the group supervision types). Supervision has been considered as a linear process based on a hierarchical relationship between a novice counsellor in training and an expert counsellor (Friedlander & Ward, 1984).

For Lambert & Arnold (1987) "clinical supervision is that part of the overall training of mental health professionals that deals with modifying their actual in - therapy behaviors. It excludes the parts of training that are primarily didactic, such as classroom teaching and likewise excludes the parts of training that are particularly personal" (p. 218).

Supervision, in general, can be defined as "an intervention that is provided by a senior member of a profession to a junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the junior member(s), monitoring the quality of professional services to the clients that she or he or they see(s), and serving as a gatekeeper for those who are to enter the particular profession. (Bernard & Goodyear, 1998, p. 8). Two are the main purposes of supervision: first, to foster the supervisee's professional development and second to ensure clients' welfare.

2. Supervision and student psychological counselling

Counselling centers at colleges and universities seem to be popular practicum and internship placements for counsellor education programmers. Counsellor education programmers on a master's level lack specialized seminars on counselling supervision (Wood, 2005). Eventually, that may create many ambiguities and misconceptions about the *what* and the *how* of supervising. It seems that counsellors in counselling centers for students are called on to supervise interns independently of the level of their clinical experience or their training in clinical supervision (Wood, 2005). However, it seems that university counselling center internship settings use more systematic training, including didactics and applied experiences in the training of predoctoral interns in the conduct of supervision as compared to other types of internship sites (Scott, Ingram, Vitanza, & Smith, 2000). Supervision in the context of internship focuses on both knowledge and the process of counselling practice (O'Byrne & Rosenberg, 1998).

The Laboratory of Student Psychological Counselling in the University of Athens (LSPC) is one of the internship placements for the students in the postgraduate programme in clinical psychology. The training of interns at the LSPC in the psychological counselling of students includes a) education about: the special issues of student population, psychological counselling skills and theory and methods of a counselling/psychotherapy model and b) practical experience as well as provision of supervision. Supervision can be provided either on an individual or on a group basis. Almost all university training programs in Europe employ group supervision in their clinical courses. Group supervision seems to be widely practiced in internship programmes since a relevant national survey has shown that the majority of respondent sites conducted group supervision (Riva & Cornish, 1995).

There are unique benefits of group supervision over an individual one such as peer feedback and support, exposure to a wider variety of clinical opinions and opportunities for personal insight into interpersonal behavior (Riva & Cornish, 1995, Holloway & Johnston, 1985). According to Bernard & Goodyear (2004), the most important advantages have to do mainly with issues of economy, feedback and vicarious learning, less dependence on the supervisor, exposure to more clients, feedback not only by the supervisor, but also from the other members of the group. These advantages are crucial in a placement such as a counselling center for students which is a public placement and different students are trained each year.

The main features of psychological counselling for students are that (Psychologische Beratung, 2006):

- It respects the clients
- It takes into account the individual differences (race, nationality, personality, beliefs, interests)
- It is confidential
- It is offered free
- It is short limited
- One of its main principles is the voluntary participation of clients
- It does not consider clients-students as disordered

- It uses methods which are based on psychotherapy and counselling
- It is evaluated

The role of counselling supervisors in counselling centers at universities include both administrative and clinical supervision.

Administrative supervision includes supervisory activities that increase the efficiency of the delivery of counselling service, while clinical supervision includes supportive and educative activities of the supervisor designed to improve the application of counselling theory and technique directly to clients.

The responsibilities of supervisors within their administrative role involve providing theoretical knowledge and practical application, informing supervisees of the goals, policies, theoretical orientation and training supervision model supervision is based, establishing and communicating specific policies and procedures regarding field placement for students, differentiating the roles of the counselling center supervisor and the field supervisor in evaluation, requirements and confidentiality and establishing clear lines of communication among themselves, the field supervisors and the students-supervisees.

Student psychological counselling is a challenging kind of counselling because students form a special population group, due mainly to their age (they are in a transient phase called as 'emerging maturity') and their occupation. Also they consist of a multicultural group, thus, the counsellors should be experienced in counselling multicultural groups, as well as supervising multicultural interns. Supervision in the context of internship focuses on both knowledge and the process of counselling practice (Friedlander & Ward, 1984). There are various special and important issues concerning supervision on psychological counselling of students which need consideration. Indicatively, some of them are: 1) the special needs of multicultural supervision, 2) possible administrative and/or collaboration difficulties that may arise between the counsellors-supervisors and the field supervisor if existed, 3) possible administrative and/or collaboration difficulties that may arise between the counsellors-supervisors and the educators of the trainees in their graduate programme, 4) difficulties in collaboration between campus ministers and students' counsellors-supervisors, 5) ethical dilemmas, 6) issues of the supervisory relationship, 7) supervision of supervisors. However, for the needs of the present work, these issues are not discussed. The present article focuses only on the most common supervision models used in the psychological counselling in higher education, which are analyzed briefly, as well as to some specific issues like contracting, evaluation and supervisory relationship.

3. Supervision models

A number of models have been used to study supervision in counsellor education. Here, two very common types of supervision models are analyzed briefly: the Social Role Models and the Developmental Models of Supervision.

4. Developmental models

Developmental models of supervision share two basic assumptions: first that in the process of moving toward competence supervisees pass through different stages that are qualitatively different and second that in each stage trainees hold different characteristics and needs, thus, each stage require a different supervisory approach (Chagnon & Russell, 1995). Stoltenberg, McNeill, & Delworth (1998) identify four stages of supervisee development: the dependency stage, the dependency-autonomy stage, the conditional dependency stage and the master professional stage. According to the authors, each of these four stages is characterized by changes on “three overriding structures that provide markers in assessing professional growth” (Stoltenberg et al., 1998, p. 16). These three structures are defined as ‘motivation’, ‘autonomy’ and ‘self-other awareness’. Motivation reflects the supervisee’s interest, investment and effort expended in clinical training and practice. ‘Autonomy’ reflects the degree of independence supervisees manifest in their clinical practice. ‘Self-other awareness’ includes ‘both affective and cognitive components that reflect the level of the supervisee’s self-preoccupation, self-awareness and awareness of the client’s world” (Scaife et al., 2001, p. 93).

In stage 1, the dependency stage, supervisees have limited clinical training and experience, thus, they are likely to experience feelings of anxiety and insecurity, although they are highly motivated. They are focused mainly on acquiring skills. Eventually they are dependent on their supervisor. At this stage, supervisees need structure, positive feedback and little direct confrontation. Because these supervisees are highly focused on their selves as therapists, they may present difficulties in processing the material given by the client, therefore, their other awareness is usually very limited.

At this stage it is very important the supervisor should be supportive, encouraging, not judgmental, available to help between the supervisory sessions if needed in order the supervisees to feel safe. At stage 2, the dependency-autonomy stage, supervisees make the transition from feeling insecure and very dependent to over confident. They function more independently, but they experience conflict between autonomy and dependency. Concerning their awareness, they have greater ability to focus and empathize on the client but they exhibit a lack of insight regarding their counter-transference reactions to the client. At this stage, supervisees usually react as adolescents to the supervisors’ attempts to increase their awareness of their counter-transference reactions to the client. Supervisors, by recognizing this behavior as a normal part of a developmental stage, they can help supervisees to resolve their conflict by providing a secure base to which supervisees may return when feeling overwhelmed. Supervisors can help supervisees keep the boundaries clear, since the latest usually adopt these to the needs and demands of the clients. It is essential the supervisors should provide an assertive but warm role.

Stage 3 is that of conditional dependency. At this stage, supervisees feel more self-confident, they exhibit greater insight and more consistency with therapy. Supervisees move into independent practice. They can remain focused on the client while at the same time they are able to attend their own reaction towards the client.

Stage 4, the integrated stage, or the master professional as it is called, it is the stage

supervisees can act autonomously as therapists, have insightful awareness and have developed their own personal approach to professional practice.

Although the developmental models of supervision have been criticized as general and simplistic (Russell et al., in Bernard & Goodyear, 2004, p. 93), there are some general conclusions about developmental supervision: a) perceptions of both supervisors and supervisees have been consistent with developmental theories, b) the behaviour of supervisors changes as supervisees gain experience, c) the supervisory relationship changes as supervisees gain experience (Worthington, 1987). Developmental models can help supervisors to understand the needs and behaviours of their supervisees more, rather than structure the supervision sessions. Thus, they can be combined with all the supervision models, regardless of the theoretical psychotherapeutic background of supervisors. Especially in supervising students during their internship, the developmental models can be a useful tool in the hands of supervisors.

5. Social Role Models

The fundamental assumption underlying social role models is that the supervisor manifests various roles which determine expectations, beliefs and attitudes about what functions the supervisor performs.

The Discrimination Model, the Hawkins and Shohet Model and the Holloway Systems Model are the most important social role models.

For the **Discrimination Model** there are three separate foci for supervision as well as three supervisor roles. Supervisors might focus on trainees' intervention skills (what the trainee is doing in the session that is observable by the supervisor); the trainee's conceptualization skills (how the trainees understand what is occurring in the session) and the trainee's personalization skills (how the personal style and characteristics of the trainee interfere with therapy). The supervisor manifests three roles: that of teacher, counsellor and consultant. According to the trainee's abilities within each focus area, the supervisor decides which role to manifest (Bernard & Goodyear, 2004).

The **Hawkins and Shohet Model** (1989) is addressed to the specific supervisory focus of the processes taking place in the relationships of all participants in therapy: the client, the supervisee and the supervisor. According to this model, supervision focuses on seven different phenomena: 1) the content of the therapy session, 2) strategies and interventions, 3) the therapy relationship, 4) the therapist's process, 5) the supervisory relationship, 6) the supervisor's own process in the supervisor-client relationship, 7) the wider context (Hawkins & Shohet, 1989).

It is a social role model in that the supervisor is expected to manifest different roles or styles, although in this model, the emphasis is on which phenomena the supervisor devotes his/her focus (Bernard & Goodyear, 2004).

In all social role models supervisors are expected to tailor their responses to the particular supervisee's needs. Thus, the supervisor's roles and foci should change not only across sessions but also within sessions (Bernard & Goodyear, 2004).

Finally, the **Holloway Systems Model** (Holloway, 1995) takes into account various factors such as the characteristics of the client, the characteristics of the supervisee, the characteristics of the supervisor, the characteristics of the institution in which the supervision takes place, the tasks, the functions, as well as the supervisory relationship. Among these seven factors the supervisory relationship is considered core, while all these factors are part of a dynamic process in that they influence one another, thus, they function as a system. The tasks and the functions concern the what and the how of supervision. The functions correspond to the term foci while the tasks to that of the supervisor roles described by other social roles models. Specifically, the tasks are divided into five broad areas: counselling skills, case conceptualization, professional role, emotional awareness and self-evaluation while the main functions are five: monitoring-evaluating, instructing-advising, modeling, consulting and supporting-sharing.

The Holloway Systems Model provides a map for analyzing a particular episode of supervision in terms of the nature of the task, the function of the supervisor, the nature of the relationship and the contextual factors relevant to the process (Holloway, 1995).

6. Contracting and Evaluation

Informed consent has become a fundamental building block of the therapeutic relationship and many authors have addressed the need for it towards assessment and treatment while fewer have addressed the issue as it specifically applies to supervision (Janet, 2007). The basic ingredients for the supervisory contract are mainly: purpose, goals and objectives of supervision, context of services (where and when supervision will take place, what method of monitoring will be in place and what supervision modalities will be used), method of evaluation, time management, professional boundaries, supervisory methods, supervisor's responsibilities and requirements, supervisee's responsibilities, confidentiality policies and documentation of supervision as well as supervisory liability (Bernard & Goodyear, 2004, Scaife et al, 2001).

The contracting process sets the scene for the manner in which the supervisor and the supervisee will relate each other. Through the supervisory contract both parties-supervisor and supervisee- reach agreement about requirements of agency contexts. Supervisory contract also clarifies the organizational and the professional context. The main reasons the establishment of a supervisory contract consists of a necessary part of the supervisory process are: 1) to clarify the different desires and expectations brought to the relationship by the different parties and to agree what is and is not possible, 2) to set a context of openness in which processes in supervision and the supervisory relationship are matters for discussion and negotiation., 3) the discussion sets a context in which different ideas are acknowledged and valued, 4) to prompt supervisees to think about the conditions under which their learning might flourish, 5) to facilitate a sharing of knowledge about the supervisory 'field', 6) to establish a process of negotiation and renegotiation as the relationship develops, 7) to establish a pattern of giving attention to both process and content in supervision which might connect reflexively with the process and content of therapy, 8) to explore the evaluative role of the supervisor and

to identify what factors will influence judgments, 9) to identify and explore the influences of the agency and possibly training contexts in which supervision is set and 10) to identify the responsibilities of each party in the contract to the other involved stakeholders (Scaife et al, 2001, p. 54).

As it has been mentioned above, the counselling centers of students are usually offered as a field placement for clinical practice of postgraduate psychology students. The fact that their site is often within the university campus, makes them attractive placements for practice. This placement also facilitates the communication between the clinical training program and the center since the university supervisor should stay in touch with the site supervisor during the students' clinical practice (Bernard & Goodyear, 2004). Supervising postgraduate trainees in counselling and psychotherapy in a counselling center for students is a challenging action for the psychologist. Having the following issues in mind helps the supervision work to be more effective and efficient: a) asking for continuous feedback from trainees about what they have learned helps supervisees systemize their knowledge and supervisors organize their supervision, b) following the basic ethical issues in supervising such as confidentiality, consent, respect, concern, avoiding misusing power, helps trainees feel safe in the procedure and eventually that facilitates their learning, c) using the experiential learning style in supervision- from theory to practice and vice versa- is important for an evidence-based clinical work, d) providing a powerful role model.

The psychotherapeutic and counselling role does not include the process of evaluation but rather that of understanding and accepting with no conditions. On the contrary, the supervisory role includes evaluation of the trainees. Thus, because of the contradictory qualities of these roles, many times, the psychologists have difficulties displaying the role of evaluator (Scaife et al., 2001).

Many times the criteria for evaluation are ambiguous and lack in a clear definition. However, it seems that most definitions of criteria include issues of competence, as well as interpersonal and intrapersonal skills. Overholser & Fine (1990) have identified five areas of competence that each supervisee should accomplish at: factual knowledge, generic clinical skills, orientation-specific technical skills, clinical judgment and interpersonal attributes. Concerning the interpersonal and intrapersonal skills, Frame & Stevens-Smith (1995) have identified nine trainee functions which are important for their professional role as counsellors: trainees should be open, flexible, positive and cooperative, willing to accept, they use feedback, they be aware of one's impact on others and able to deal with conflict. Also, they accept personal responsibility and express their feelings appropriately.

As it has been mentioned above, the supervisor's requirements of the supervisee should have been made clear in the contracting process. Also, it is important that both supervisor and supervisee be aware at the outset of the criteria upon which the assessment of the supervisee's work will be made (Scaife et al., 2004).

Scaife et al (2004) give some cases of supervisees which might prompt a consideration of failure:

- the supervisee makes appointments with clients but is unreliable in turning up or is repeatedly late.

- The supervisee shows hostility in interaction with staff, losing his/her temper.
- The supervisee violates the rules of the organization in which the work is conducted.
- The supervisee achieves only a superficial level of engagement with clients, talking about them rather like objects than people. In this case clients usually drop out after the first one or two sessions.
- The supervisee's clinical work is highly influenced by personal experiences which block it. In this case, supervisees should not continue their training until these personal issues are addressed in personal development work.
- The supervisee engages in inappropriately immature or defensive behavior (for example, he/she tries to lie his/her way out of a difficulty rather than engaging actively with the issue and taking responsibility for the difficulties.
- The supervisee presents with very unbalanced capabilities.

When supervisors detect such unsatisfactory performance of their trainees they often try to find alternatives to failing the placement, instead of raising the issue in the training institution (Scaife et al, 2004). Wilson (1981 in Scaife et al, p. 228) describes four usual alternative behaviors of supervisors in dealing with trainees's impairment: a) they ignore the problematic performance, b) they lower the performance expectations, c) they wait to see if their trainees' performance improves with another client and d) they force their trainee to withdraw from the training programme by making his/her experience miserable.

In the case of trainees' problematic behavior and/or unsatisfactory performance, a good strategy for supervisors is to apply standard rules and procedures and to avoid any emotional responses.

Supervisors should have in mind that the person being evaluated is under considerable personal stress. Thus, it is important supervisors to treat trainees with fairness and dignity, allow due process and discussion and clarify in advance the outcome goals, the evaluation criteria as well as the adverse consequences.

7. The Supervisory Relationship

The clinical supervisor has been described as an agent of social influence (Dodenhoff, 1981) whose goal is to enhance the trainee's therapeutic competence within the context of an intensive interpersonal relationship (Loganbill, Hardy, & Delworth, 1982).

In psychotherapy, the alliance between the client and the therapist consists of an integral part of the psychotherapeutic process. In the same way, the working alliance between the supervisor and the supervisee (or supervisees) is of great importance.

For Bordin (1976) the good working alliance is not enough on its own but it can help the client to accept therapy more easily. According to Attachment theory, the working alliance can provide a safe basis for therapy (Bowlby, 1988).

As a concept, the working alliance includes three factors: a) the mutual agreement about the goals, b) the mutual agreement about the actions and c) the development of the therapeutic bond which includes a network of positive personal attachments between the client and the therapist and it contains various issues as mutual trust, acceptance, confidentiality etc. (Bordin, 1976). According to Bordin (1983), the

supervisory working alliance consists of three components: mutual agreement on the goals of supervision, mutual agreement on the tasks needed to reach the goals of supervision and an emotional bond involving mutual liking and caring between the supervisor and the trainee (Ladany, Walker, & Melincoff, 2001).

It seems that the supervisory style affects the supervisory working alliance in a direct way. The supervisory style concerns the different approaches the supervisors use, as well as the unique, distinctive manner each supervisor has in his/her relationship and response to the supervisees (Friedlander & Ward, 1984). According to these researchers, the supervisory style can be distinguished into three modes: attractive (supervisors are warm, open, friendly and supportive), interpersonally sensitive (supervisors are therapeutic with their supervisees) and task-oriented (supervisors are more focused on the structure of the supervision and are more goal-oriented). It has been found that supervisors who believed themselves to adopt an attractive supervisory style were likely to view the supervisory relationship as mutually trusting and perceive an agreement with supervisees on the goals and tasks of supervision (Ladany et al, 2001). Although there are different categorizations of the supervisory style, there seems to be an agreement on the existence of two broad styles: that of counsellor-therapist (provided support) and that of teacher-monitor-evaluator (provided direction) (Hart & Nance, 2003).

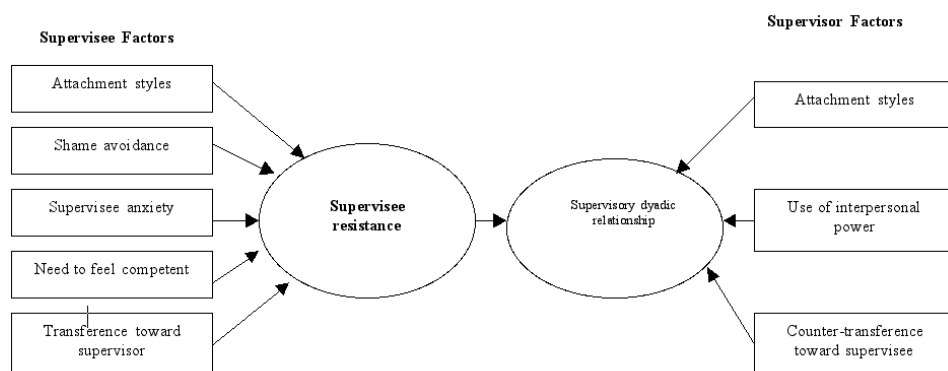


Figure 1
Supervisee and Supervisor Factors That Affect the Nature and Quality of the Supervisory Dyad

The supervisory dyad includes all the factors which stem from the supervisee and the supervisor. The interaction of these factors affects the nature and quality of the supervision process. Figure 1 indicates the variables which contribute to the supervisor-supervisee dyad. The supervisee's factors such as attachment style, shame, anxiety, need for competence and transference may lead to resistance which interacts with the supervisor variables such as attachment styles, use of interpersonal power and counter-transference towards the supervisee.

The result of this interaction which influences the supervisory relationship is shown on Figure 1 (Bernard & Goodyear, 2004).

There are various studies regarding the supervisory relationship, as well as the perceptions of both supervisors and supervisees about supervision. Supervisees seem to want a positive, supportive relationship with their supervisor, alongside teaching and feedback (Cushway & Knibbs, 2004). Trainees need structure and teaching in the context of a warm and supportive climate (Worthington & Roehlke, 1979) and they want their supervisor to be flexible, self-disclosing and congenial (Nelson, 1978), as well as more supportive, instructional and interpretive (Kennard, Stewart & Gluck, 1987).

According to Cushway & Knibbs (2004), the ten most helpful supervisory behaviours for trainees are: 1) establishing good rapport, 2) giving appropriate positive feedback, 3) giving appropriate feedback about less helpful behaviour, 4) supervisory session lasting at least one hour, 5) helping you develop self-confidence, 6) allowing you to observe, do joint work or listen/watch tapes of supervisor working, 7) providing relevant literature or references, 8) suggesting alternative ways of intervening with clients, 9) helping you experiment and discover your own unique style, 10) at least 45 minutes of each session is spent discussing clients or therapy. It seems that there are four dimensions of supervisory behaviour, falling along two axes: a supervisor who establishes good rapport or is disinterested and remote and a supervisor who is competent and skilled or incompetent and unskilled.

From a developmental point of view, trainees have different needs, motivations and expectations from their supervision, according to the developmental phase they are in. Based on the counsellor complexity model developed by Stoltenberg (1981) “the trainee is viewed not just as a counsellor lacking specific skills but as an individual who is embarking on a course of development that will culminate in the emergence of a counsellor identity”. The skilful supervisor, should be aware of the developmental phases trainees pass through and be able to recognize which developmental stage his supervisees are at, in order to offer the appropriate environment. At the beginning of their training, trainees are fully dependent on their supervisor, thus, the supervisor encourages autonomy within normative structure, uses instruction, interpretation, support, awareness training, and exemplification. Supervision needs to be very structured at this phase. On the contrary, at the end of their training, supervisees become master counsellors, have adequate self- and other awareness and insight into their strengths and weaknesses. They are interdependent with others, and have integrated standards of the profession with personal counsellor identity. At this stage, supervision becomes collegial.

When supervising trainees in groups, among others, a possible difficulty may be the different need levels of development of the supervisees. To eliminate this difficulty, supervisors, can identify the needs and motivations of each trainee from supervision first, and then, form the supervision groups. Even if supervision happens in the context of a clinical training programme or psychotherapy training programme, the needs and the development of trainees are not necessarily the same.

8. Conclusion

There is no doubt that supervision is an indispensable part of mental health training programs, offering the trainees the chance to develop professionally, master necessary professional skills and feel adequate and safe within their profession. Counselling Centers for students at Universities are usually offered as internship placements for postgraduate students in clinical psychology. Group supervision is the type of supervision which is common used in counselling centers in higher education. Especially, in the field of clinical psychology training programmes group supervision is the type of choice in many European countries. It is a cost effective form of supervision which offers the supervisees the benefits of peer relationships, taking feedback from the group, not only from the supervisor, less dependence from the supervisor, reflection, exposure to a greater number of cases, as well as direct learning.

The supervisory models which meet the needs and expectations of trainees in counselling at universities are mainly the developmental models, as well as the social role models.

The supervisory relationship is of great importance for the supervision process and is affected by factors that have to do with the supervisor, the supervisee(s) and the client.

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A COGNITIVE-BEHAVIOURAL APPROACH TO GROUP TREATMENT OF PROCRASTINATION IN AN ACADEMIC SETTING

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Abstract

I would like to present a group treatment program that we organize for students with extreme procrastination problems. These sessions are organized within the Psychotherapeutic Student Center (PSC), which is part of the Student Facilities of the Catholic University of Louvain. Our group program for procrastinators is developed by cognitive behavioral therapists. It also contains elements from motivational psychology. We choose to work with this form of pathological behavior because it's severe and it makes intelligent student drop out of university. Looking at procrastination behavior, one can distinguish between different subtypes of procrastination behavior. In our procrastination training program, our target group consists of students who show a large discrepancy between their intentions and their behavior. The aim of the program is to diminish this discrepancy by trying to switch the cycle of procrastination, ignorance, discouragement and unmotivated behavior to the cycle of effort, knowledge, motivation and self-confidence. We guide the students in self-examination of their motivation and reasons for procrastination. After having explored the problematic behavior we work on behavioral change. Finally I will explain which instruments (questionnaires) we use to diagnose procrastination. After situating the theoretical background, I will illustrate which motivational and behavioral techniques we teach the students to apply. As a conclusion I will introduce our findings of the evaluation of our training program.

Keywords: Procrastination; motivation; behavioral change; personal choice.

1. Introduction

In this presentation I will talk about the group treatment that we organize for students with extreme procrastination problems. These are students with extreme study delay problems.

Since 2000 I work at the Medical-Psychotherapeutic Student Center which is part of the Student Services Department of the Catholic University of Louvain in Belgium. Last year about 28000 students enrolled in our university.

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The Student Facilities houses all social services for students, enrolled in the KUL. It takes care of the housing of students, answers social and legal questions posed by students and offers the students medical and psychotherapeutic aid.

The MPTC has two components. On the one hand there is the Medical Center with 4 doctors and the First Year Student Examination Center where all freshmen can come for a free physical examination and on the other hand there's the Psychotherapeutic Center.

I work as a Behavioural Therapist at the PTC. Our staff consists of 6 FTE clinical psychologists (10 individuals), 0.80 FTE psychiatrists and 2 FT trainees, 1 FTE secretary and about 10 voluntary workers. Approximately 1000 students are offered a form of therapy. Each year we see about 700 students for an intake, which usually is their first contact with the PTC.

After the intake, the PTC-team decides which therapeutic program we can offer the student. First we differentiate between individual or group therapy.

We have several group programs on offer. The group therapy aims at students with different problems. This is for students who have the capacity to talk about their problems in a group. There is a pre-therapy group where students learn to explore their therapeutic capacities. For students with Eating Disorders (Anorexia Nervosa and Bulimia Nervosa) we have a program. There is also a Social Skills Program for sub-assertive students. Since a few years we organize an informative program which helps the student to cope with stress.

Under construction is a group where we will work with mindfulness based techniques. More study related, we have a program for students with Fear of Failure. The group program I will illustrate today, is a program for students with procrastination problems.

1.1. Procrastination

The word procrastination is derived from the Greek PRO CRAS: to leave it until tomorrow.

All of us procrastinate or delay certain tasks, mostly tasks that we do not like, ranging from writing a dissertation to doing the ironing. Delaying tasks is not problematic unless you notice that you always delay things until you get into trouble, for example not receiving your diploma or noticing that you have nothing to wear.

The training program we developed is for students who show extreme study delay problems. According to Lens and Depreeuw (1998) we can differentiate between 3 different types of students with delay problems:

1. Students with passive fear of failure: students that have a high score on fear of failure and on avoidance behaviour. They do not anticipate a succesfull outcome. I saw a student last week with a serious study delay problem. She is in the 1st bachelor Geography for the third time. She is hardly showing any study behaviour at all but meanwhile she is always preoccupied with studying and being very anxious.
2. Students with lack of motivation and lack of efficient study behaviour. We often see their parents or girl-and boyfriends who drop them off at our Center.
3. The optimistic procrastinator with relative low fear of failure. These students have a lot of activities which interferes with study behaviour. This is the type of student

who fully enjoys the Louvain nightlife. You will more likely find him or her in the pub than in the classroom.

2. Procrastination training

2.1. Target Group for Procrastination training

The procrastination training target group consists of students who exhibit extreme study delay problems. We focus on those students who show a large discrepancy between their intentions and their behaviour. These individuals seem to approach their study projects with a lot of goodwill and courage, but they do not succeed in responding to these intentions in a timely manner with relevant actions, let alone in persisting in these intentions over a longer period. They do share with other students the intention to pass the examinations, or at least to graduate, but they have extreme difficulty in putting forward the necessary effort or perseverance to reach their objectives.

2.2. Preliminary Screening

If a student with a study delay problem contacts the PTC, we schedule an intake conversation. If the student presents him/herself with a potential procrastination problem (or a fear of failure problem), we ask him/her to complete a questionnaire that assesses the extent of the procrastination behaviour. We use the VaSEV, also called the TASTE (Test Concerning Abilities for Study and Examination; Depreeuw, 1989; Depreeuw, Eelen, & Stroobants, 1996). This 78-item questionnaire contains four subscales: (a) study valuation (14 items) with items that screen how important they find their study, (b) optimistic self-appraisal or task competence confidence (19 items) (here we screen how they estimate their chances to succeed in their task, exam), (c) test anxiety or fear of failure (30 items), and (d) procrastination or effort avoidance (15 items). According to the test manual, the four subscales of the TASTE are sensitive enough to measure real fluctuations and evolutions in the various constructs. Only students reaching a score at the 90th percentile or higher on the procrastination subscale are admitted to the group program.

2.3. The Aim Of The Group Program

The aim of the program is to diminish the discrepancy between intention and behaviour. We will try to switch the cycle from procrastination, ignorance, demotivation and discouragement to the cycle of effort, knowledge, motivation and self-confidence.

Overall, the objective of the training session is, at least to give the participants insight into the factors and processes that play an important part in procrastination. The approach is designed to guide the students in self-examination of their motivation and reasons for procrastination. We work on behavioural changes only after having mapped the problematic behaviour. How we learn the students to handle this will be discussed later on, when I'll talk about motivation and the circle of behavioural change.

2.4. The Group Program For Procrastinators

When students enroll in the group program for procrastinators, they enroll for 7 sessions

(1.5 hour per session). We work with groups of maximum 7 students. Six weeks after the last session we plan a follow up session. Then we evaluate the progress and we let them fill in the TASTE again. We let the student pay a deposit when the group starts (5 euro per session). If the student misses a session, he/she loses his/her 5 euro, which is given to the other students in the group.

In the course of the group sessions we work with a model that comes from motivational psychology. We also teach the student to work with behavioural techniques.

In the first session we inform the student about procrastination, we talk about the different types. We use Depreeuw's process model regarding task behaviour (Vanden Auweele et al., 1999). This provides the student with insight into their own functioning. This model shows the eight steps one takes when performing a task: 1. an objective estimate of the situation, 2. a subjective estimate (where one looks at his/her own capacities against the demands of the task), 3. formulating goals, 4. preparing the task, 5. (not) performing, 6. self-evaluation of his/her performance, 7. making causal attributions (internal or external), 8. an affective component.

This model is introduced to help the student evaluate his or her behaviour and to show that procrastination is not a fixed, unchangeable behaviour. We show the student that his or her behaviour is part of a chain of events and that each chain can be adapted. It also shows the student what type of procrastinator (see different types) he or she is.

2.5. Motivation

The keyword when working with procrastinators is: motivation, or maybe better: lack of motivation.

In the first session we ask the students to answer 3 questions:

1. Do I really want to succeed this year, and if so, what do I want to achieve in life?
2. Am I prepared to meet all the requirements stated by the university?
3. If I would study more hours, what would be the advantages and disadvantages?

We ask these questions to help the student reflect about his/her ideas concerning study.

For the first question students often answer that their goal is a diploma. This is a long term goal (3 or 4 years in the future) which makes it difficult to sit down and study today.

By question 2 we can detect the more rebel students that don't study because they do not agree with the exam system.

The first 2 questions explore study motivation, where the 3th question answers the motivation of behavioural change. By answering question 3 we often notice that students theoretically form a lot of advantages to change their behaviour but do not succeed in actually applying them in real life. This indicates the typical ambivalent processes in behavioural changes that we accentuate during the program.

Important in our work is the attitude of the trainer in working with low motivated people. We tell the student that there are 2 ways to deal with procrastination behaviour: either to try and change your behaviour or grow old with the problem. Both choices are presented as of equal value. If the student chooses to attend the group and not change his/her behaviour: no problem.

If we work with motivation, we work with the circular model developed by Prochaska

and DiClemente (1984). This model explains that the process of changing behaviour is rotated over six stages: precontemplation (the stage where you sometimes think about changing your behaviour but that's it), contemplation (the stage where you think of the pros and cons of potential behavioural change), decision making, active change (when you actively take action to try and change), consolidation and relapse.

To motivate also means to anticipate appropriately the students' state of willingness. It is important to know in which stage a student is. It is, for example, useless to try to raise the amount of study hours when a student is in the precontemplation stage. In the first session students often think that they are situated in the decision stage because they started following the group program. Once they start the group, some students notice that they do think they want to change but, when facing actually behavioural changes, find it hard to apply these changes.

2.6. Behavioural Therapy

After having self-explored the stage of behavioural change we start to work with the study behaviour. We learn the student to analyze his or her behaviour by putting it in a SORC diagram. The S stands for all situational components preceding the procrastination behaviour (Situation or Stimulus). The R is the behaviour that is actually set or not (Response). Under C, we collect all possible positive or negative consequences of procrastination and other behaviour (Consequence). The O-factor refers to all processes taking place within the intra-psychological process ("black box") of procrastination (Organism).

Let us have a look at the four elements.

First of all I will explain the S-factor: SITUATION. We explore the organization of the study place by asking questions: Where is the study place? With whom do you study? How is the place organized?

The study environment is being optimized by the search for a suitable place, for instance the student's flat or at the library. If studying on their own does not seem to be easy for them, we suggest to work together with fellow students, preferably with not-procrastinators, from whom the procrastinator can learn realistic expectations and strategies. It comes down to the fact that the S-component is being changed in order that the probability for a desired behaviour can be increased. Individually this differs a lot. With a little help from the group members, we examine the best individual strategy. For the one student this means, for instance: to make his/her desk irritation-free, and to take away the personal computer with his/her tempting internet connection. However, other students will prefer working at the library.

Secondly R or RESPONSE refers to study behaviour. One of the central techniques in the group program is "time management", or study planning. From the third session on, we direct the student in formulating realistic, clear and specific objectives or goals regarding their use of time. On a weekly schedule, based within the perspective of long-term planning, students have to describe how much time they will spend on studying and how much on free time. Doing this, they describe the R-component (behaviour). Students initially determine their objectives on their own, giving them sole control over the formulation of intentions, although they may modify these intentions after receiving

recommendations from other group members and from the counselor. Every week, students report on their results. The weekly score, or amount of hours spent studying, is put on a graph, and can be seen by the other members of the group. Over time, this graph represents a view of the development and maintenance of change in students' behaviour.

Thirdly students also map out the C-component, or the positive and negative consequences of the current behaviour. Procrastinators often engage in unconditional, attractive activities, that are not linked to the intended study behaviour. We show students the difference between short term consequences and long term consequences. When a student procrastinates, the immediate effect is relief (positive), but the long term effect is often negative (failure).

When we work with the C-component, we work with reward or punishment.

When a student does study, the intended behaviour is followed by a reward (+S+). Important is the fact that the student may reward him/herself after putting in the right amount of effort, e.g. 10 minutes of study should not be rewarded by a 2 hour movie of. No pain, no gain. More effective is working with punishment. This means no reward if there is no study behaviour, e.g. if I don't study the amount of hours that I planned, I can't go to the party (-S+).

The O-factor finally refers to all intra-psychological factors. Being cognitive-behavioural therapists we focus on the cognitions. We work with the model of Beck and Ellis to explore possible irrational cognitions concerning the procrastination behaviour. We teach the student how to reformulate these cognitions in terms of the goals they set for themselves.

Example: realistic ideas in their time management.

These are the main themes we use in our group program. After the 7th session we plan a follow-up session after 6 weeks. In this session we evaluate possible behavioural change and the student fills in the TASTE again.

3. Some results from the implementation of the program

Before the group program and in the follow-up session students fill in the Taste-test with a subscale procrastination.

If we look at the data from the groups that we organized between 1998-2001, we have Taste-results before and after the group for 26 students. On the table we see the four subscales of the TASTE: Study Valuation (SV), Self-Confidence (SC), Tasc Anxiety (TA) and Procrastination (Proc). We see the mean scores and standard deviations of the scores the students filled in before and after the group program.

If we compare them, the mean scores of the 3 first scales (Study Valuation, Self-confidence and Test Anxiety) are similar before and after. The mean procrastination score is lower after the group program.

We do not use these results for scientific research but we look at them when we evaluate the program with each student individually.

Naturally it would be interesting if we could compare this data with study results of these students. Unfortunately at this moment most of the students are still taking exams so we do not have any access to the results.

Table 1
Mean Scores and Standard Deviations of the Scores Before and After
the Group Program (N = 26)

	SV	SC	TA	Proc
Before				
M	52	54	91	57
SD	9.6	14.9	15.1	10
After				
M	49	59	82	45
SD	9.5	11.6	19	9.6

4. Conclusion

Looking at these results we conclude that our program seems to help some students change their procrastinating behaviour. Here you see the percentile scores of a student whose procrastination behaviour has decreased. She succeeded to apply some behavioural changes. She had a few relapses but always got back on track.

Of course, there are also students who choose to keep on procrastinating. After having followed the group program this student's profile shows even higher procrastination scores and a typical procrastinator's profile: low SV, high Optimism, low Anxiety and high Procrastination.

These results are not negative if you look at our goal for the group program: teaching the student to actively choose whether or not to engage in behavioural change. If some students choose not to change their behaviour, it is OK because it is their own choice. The students who do choose to change their behaviour, often keep on maintaining their behavioural changes with some relapses.

Conclusion: When following our group program, the procrastinator may change his/her behaviour and start to study or stay on procrastinating as a personal choice.

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THE “THESIS BLOCKING” IN THE LAST PHASE OF HIGHER EDUCATION STUDIES

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Abstract

The preparation of the thesis is a significant caesura situation in course of the higher educational studies. It is a new challenge in the learning process which proved to be effective up to this time. The experiences and the statistical data show that many of those students who had been successful before do not prepare their thesis or they deliver it after several years of waiting. This phenomenon can be seen both in the masters' and the doctors' course. In this research we examine the psychological background of the “thesis blocking”. We use the method of the half-structured interview. One group of the questioned people (10 persons) the experienced the “thesis blocking”, the other group (10 persons) passed through this difficulty without any special remarkable problems. On the basis of the results some characteristic types of the psychological background of the “thesis blocking” and the possible methods of solving it by the means of the higher educational consulting can be drafted.

Keywords: thesis blocking; learning process; higher education consulting.

In course of the higher education studies the completion of the thesis means a sharp caesura situation. It is a new task to cope with in the previously successful learning process. The experiences and the statistical data show that there are several successful students who do not complete their thesis at all, or they hand it in after several years of waiting. This phenomenon can be observed both in the case of the master's and the doctor's degree.

In this research we examine the psychological background of “thesis blocking”. Thesis blocking – we suppose that it is not identical with the procrastination of things. It is mainly characterized by the state of hopelessness, which can change into crisis in some cases.

The paper's writer gets into the state of being narrowed, which characterizes the crisis situation. They consider their situation in an unrealistic way, enlarging the problem, and this paralyzes the process of creation. It is not characterized by the time delay – it is often

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of minor importance - but by the experience of being able to grasp, prove and describe their willingly chosen topic in the way as they would like to. This anxiety fills in every day, leaves its mark on every minute, and restrains the impulse for creation. Sometimes it results also in time delays, but it is not identical with the phenomenon which is known and described as procrastination.

The thesis is a (way of) entrance into the subsequent professional carrier. They begin thinking not only about one topic, but their whole subsequent work. It means a big stake. Its importance is also pressing for the author. It could be called a writer's crisis as well, which can occur not only in the life of authors who provide prominent artistic or scientific achievements, but it is present at the birth of every new idea or theory.

The spirit of this place, here in Crete, invokes the famous Cretan writer, Kazantzakis' (1970) idea about the struggles of the creating process: "The creating man, while working, is as sensitive as an expectant mother nourishing her baby in her womb."

The "thesis" is prominent in the range of the traditional higher educational achievements. It becomes a symbol of personal accomplishments. The preceding achievements had no personal background. Nevertheless those were not taken into so much consideration on the part of the higher education institution.

The problem of procrastination is one of the higher education counselling's main research and practical area. Depreuw, Dejonghe and Horebeek (1996) study was of determining importance in the understanding of the development of procrastination. The Tuckman's Procrastination Scale was published in 1991 (Tuckman, 1991). Di Fabio's (2006) study, analyzing the question of decisional procrastination, deals with the procrastination from the high school age-group's point of view. The phenomenon of thesis blocking was described in more details in Rennie and Brewer (1987).

The authors think that the causes of the problem are not clear. Only a few researches dealt with the revelation of the causes. Some of these are presented in the study: Jones's (1975) opinion is that the blockers have too many expectations in connection with themselves. Henning's (1981) describes that "they are paralyzed by their own perfectionism". Rennie and Brewer (1987) examined 16 young people attending the universities of Ontario and Quebec. Ten persons had, and six persons did not have problems with blocking. As a method of study they applied interviewing, which was analyzed by qualitative methods. Their results showed that the main facts which contributed to the blocking were the writer's independence-dependence, their ability of structuring the task, their thinking of the importance of their topic, their time-management skill, and their level of orientation - we would say now: their competence - in the organization - which judges the theses - of the given higher educational institution.

Their results were considered to be the starting point of a subsequent research. The conclusion of the study is the following: The blocking is not a mystical state which consists of unidentifiable components. The causes of the blocking can be revealed and corrected.

This research attempted to approach the phenomenon of thesis blocking with semi-structured interviews. The accomplished study is only a preparation for a later and larger research. The interviewed persons are university students who graduated some years earlier in the area of social sciences. One part of the group (10 persons) had difficulties

in the preparation of their thesis, the other part (10 persons) passed through this obstacle without any special difficulties.

Based on the present experiences the following characteristics can be described:

Thesis blocking:

- Is not identical with procrastination
- It does not generally characterize the person's working method
- The person is not characterized by delaying dates and deadlines. Their time-management is well-organized.
- It cannot be explained by the inability for learning. Those who experience it, generally complete their studies successfully.

According to the experiences of the preliminary study, thesis blocking is mainly characterized by the hopelessness which occurs during the process of writing. As one of the interviewed persons describes: "I felt hopelessness, not during the process, but immediately before starting it. As I began to see its outline and believe that something good comes out of it, the process became unbroken and my only problem was that I knew it is not as good as it could be, and if I wanted to complete it in time I had to leave out some things."

Another interviewee described the following in connection with the occurrence of hopelessness at times: "I experienced it at almost every stage, but from the beginning to the end the quantity of such periods gradually decreased."

In the life of those persons who experienced thesis blocking, similar problems had occurred earlier in connection with shorter papers. Many of them are characterized by the occurrence of health problems which accompany/impede the writing of the papers.

Who experiences these problems?

- Persons characterized by very high level of expectancy,
- Very high external expectancies (mainly of familiar nature) can be found in the background,
- They have to perform tasks of some external, pressing life situation, and they are out of energy for enduring another emotional tension,
- In spite of their evidently good qualities they are characterized by little self-confidence.

The answers given to the "how could you pass by the state of hopelessness" highlight the importance of the environment's (family, friends) help and support, and the consultant teacher's support in the process of getting out of the state of hopelessness. Based on the lessons drawn from the preliminary studies, the outlines of the following research can be described. In course of this:

- Research must be expanded to the writers of papers of not only the social sciences but to other (technical, natural) sciences,
- Applying the previously elaborated methods for studying procrastination, the different and identical characteristics of the thesis blocking and the procrastination must be revealed,
- The psychological characteristics in the background of the thesis blocking must be revealed from the point of view of self-confidence/self-esteem, achievement anxiety, autonomy and coping strategies.

- The consultant teacher's and the psychologist's work in the field of higher education counseling tasks and methods in the management of the author's crisis are described independently.

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STUDENT COUNSELLING CENTRE OF THE UNIVERSITY OF CRETE: STRUCTURE, AIMS AND MODE OF OPERATION

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Abstract

The purpose of this paper is to present a brief history, as well as the structure of, and the services provided by the Counselling Centre for Students at the University of Crete, Greece. The Centre has a rather short history, as it has been established recently. However, its growth is noteworthy, while the initiatives undertaken, besides the typical services, are quite interesting. The particular characteristics and the problems faced by the Centre are also being discussed.

Keywords: University of Crete; counselling centre for students; counselling services.

1. General information about the University of Crete

The University of Crete, is a multi-disciplinary, research- oriented Institution, situated in the cities of Rethymnon and Heraklion. It was established in 1973 and operated during the academic year 1977-1978. The University of Crete has five faculties and seventeen departments and is developed in two cities and three campuses: Rethymnon is the seat of the University. Today, 14.931 students attend the University, 11.414 at undergraduate level and 3.517 at postgraduate level. The University's staff consists of 707 Teaching and Research Staff members. Its' operation is supported by more than 400 administrative staff.

The University Campus in Rethymnon is located in the area of Gallos. Three of the Faculties of the University operate at Rethymnon. The Faculty of Philosophy consisting of the Departments of Philology, History-Archaeology, Philosophy and Social Studies. The Faculty of Education consisting of the Departments of Primary Education and pre-School Education. The Faculty of Social Sciences consisting of the Departments of Sociology, Economics, Psychology and Political Science. There are 7.048 students in Rethymnon , of which 75% are female students.

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At Heraklion, the University is based in two campuses. There are two faculties. The Faculty of Health Sciences consisting of the department of Medicine and the Faculty of Sciences and Engineering. The Department of Medicine and the Departments of Physics, Biology and Chemistry and Material Science and Technology, operate in the recently constructed facilities in Voutes, while the Departments of Mathematics, Computer Sciences and Applied Mathematics, operate at the campus in Knossos, in prefabricated facilities. The gradual relocation in the Voutes University Campus will be completed within the next four years. In Heraklion, 7883 students attend the departments and the majority are male students (62%).

At the moment there are 70 foreign students fully registered at the University, in both cities, coming mostly from Balcan, Asian and African countries. Furthermore, approximately 100 students per year come from Europe through exchange programs for a limited period of time.

Every year, approximately 15 students with disabilities enroll at the university. The majority register in the schools of Rethymnon. Most students face mobility problems, or visual and hearing impairments.

2. General information about the Counselling Centre

Prior to the operation of the Student Counselling Centre, the supportive services for the students at the University of Crete included:

- The Student Welfare office that deals with board and lodging, transportation problems of the students, supports the medical Centre, and the students' cultural activities.
- The Career Service, which brings together the students of the University of Crete with industry and commerce and helps them develop their career prospects.
- The Office of International Relations and European Programs that provides information and support on exchange programs, and to, exchange students.

When the most recently established Student Counselling Centre began to operate, it was considered as part of the Students' Welfare Department. The first basic obstacle that the Student Counselling Centre had to face was the lack of state laws and policies that regulate the operation of such services in Greece. Furthermore, the already existing counselling Centres in Greek Universities are heterogeneously organized (Kalantzi-Azizi, 1996). At that point we received help from other student counselling Centres. Prof. Kalantzi and her associates, at the Student Counselling Centre of the University of Athens, offered important information and advice based on their experience.

In order to deal with the problem of specifying the goals of the Centre, the types of services it would provide, the training of the personnel, and the rules and regulations that would govern the operation of the Centre, a five member scientific committee was formed. All members of the Committee were, and still are, professors of Psychology and Psychiatry from different departments of the University.

The Committee and the staff of the Centre agreed upon the following principles, which are the goals of the operation of the Centre:

1. The Counselling Centre offers its services to all students of the University of Crete. More specifically, it provides counselling to students who are experiencing emotional and psychological difficulties. Student life is a transitional life period. Developing new study skills, assuming adult responsibilities, living away from home are some common challenges that students often have to face. Anxiety, loneliness, frustration, can sometimes appear as a result of ineffective coping efforts. The Counseling Centre aims at supporting students make the most of their student life, by helping them meet academic difficulties (such as lack of motivation, test anxiety and so on), and deal with personal and social problems (like isolation, relationship problems etc). For this purpose, it offers individual and group counselling.
2. The Centre promotes well-being by offering intervention programs and activities that:
 - a. Educate and sensitize students in areas such as, sexuality, contraception, addictions, depression, and so on.
 - b. Enhance students' personal, academic and social skills in order to better achieve their goals.
 These interventions can have the form of lectures, seminars, information leaflets, and group-work.
3. The Centre supports and promotes students' involvement in the community in which they live. The Counselling Centre encourages students to become active members of the University community as well as the broader community in which they live through volunteer work. For this purpose, it cooperates with agencies in the cities of Herakion and Rethymnon, such as the Children's Home or the home for the Elderly and gives students the possibility to offer their help of people in need.
4. The Centre must take initiative for the better adjustment of students with disabilities as the provision of services and the existence of appropriate facilities in Greek Universities are in need for improvement.
5. Moreover, the Centre conducts and participates in research in order to identify the needs of the student population, evaluate its services, and in general, address psychosocial aspects and other issues of interest.

Following the preparation of a set of rules that represent the mode of operation of the Centre, the Committee continues to supervise the activities of the Centre, sets goals and priorities, processes new ideas and projects and promotes the role of the Counselling Centre within the University as well as in the general community. All members are appointed by the Rector. One member of the Committee becomes the Director of the Centre. This is decided by vote among the members of the Committee and the staff of the Centre.

3. Services provided by the Centre

The Counselling Centre opened officially in September 2003. It has two departments, one in Rethymnon and one in Heraklion. They are both situated in buildings, which are independent of the Schools and Departments of the University. In Heraklion, the office is in the Student Centre and in Rethymnon next to the medical Centre for the

students. It is open from Monday to Friday, for students from 9.00 a.m. to 2.00 p.m. and appointments can be arranged by phone, e-mail or personal visit.

At the moment it is staffed by three psychologists and one administrative employee. There is no secretary in either department.

Meetings are confidential and free of charge. There is a waiting list of 8 days in Rethymnon and maximum 4 days in Heraklion. Individual sessions are of limited duration (up to 15 sessions). Supervision is conducted by members of the Scientific Committee as well as external scientific advisors.

Referrals are made only in public Services. For this reason the Centre cooperates closely with all public Health Agencies in both cities. Furthermore, a licensed psychiatrist cooperates with the Centre in order to discuss cases that require psychiatric treatment and supervise the process of referral to the appropriate Units. We would like to mention that we all consider necessary to continue working on, and evaluating our interventions, in order to improve our services. Furthermore, we consider essential to extend our collaboration with Counseling Centres in Greece and abroad.

During the first year of the operation of our service more students came at the department of Rethymnon than at the centre of Heraklion (Table 1). We expected this difference between the Centre Departments of the two cities because of the differing nature of the Departments. As it is already mentioned, in Heraklion, there are Departments such as Computer Science, Physics, Mathematics etc. and the majority of the students are men, while in Rethymnon, the majority are women and women do visit easier a psychologist. Moreover in Rethymnon, because of the presence of the Department of Psychology, students are more open to the idea of psychological counselling.

Table 1
Number of Students Referred for Counselling

HERAKLION CAMPUS				RETHYMNON CAMPUS			
YEAR	WOMEN	MEN	TOTAL	YEAR	WOMEN	MEN	TOTAL
2003-4	25	15	40	2003-4	51	5	56
2004-5	19	13	32	2004-5	22	5	27
2005-6	29	10	39	2005-6	-	-	-
2006-7	38	6	44	2006-7	32	10	42
TOTAL			155	TOTAL			115

In Rethymnon, there is one campus in Gallos, while in Heraklion there are two campuses approximately 1,5 hours apart by public transport. The first year, some students from Knossos campus visited the Centre. However, the majority was from the Voutes campus, where the Centre is situated. Since then less and less students come

from the Knossos campus. This year we had a situation in which the existing Department of Chemistry moved from Knossos in the new building in Voutes. And although we had no student from that Department previously, 5 students of the Department now come to the Centre.

We have been trying to find an office at the Knossos Campus for the past two years. Up to now, the effort has been unsuccessful.

Most often students come to the Centre in Heraklion for: anxiety problems, usually having already experienced panic attacks; for problems with their interpersonal relationships including friends or family; for feelings of depression; for problems of adjustment having moved away from the family; for problems of gender identity; for poor academic performance or for low self-esteem.

In Rethymnon, students usually visit the Centre for problems with interpersonal relationships, for anxiety problems with or without panic, for mild depression, for low self-esteem, for adjustment problems, for help in preparing for exams, or for problems of gender identity. And although it is clear that students in the two cities have similar difficulties, it is obvious from our common meetings for supervision, that the severity of the problems appears greater for students in Heraklion. One explanation could be that men tend to visit a psychologist (at least here in Greece) only when very stressed and the Heraklion student population is predominately male. Another explanation could be that the nature of Departments (Medicine, Computer Science, Physics etc.) leads to more stress.

Even the frequency of more serious problems is greater in Heraklion. Some of the students with more serious problems are referred directly to other public mental health services, like for example the Psychiatric Department of the University Hospital. This results in some students being dealt with, exclusively by the Psychiatric Department while other students visit the Centre and the Department as well.

This year in Heraklion, besides the common meetings of the two Centres under the supervision of the President of the Scientific Committee of the office, we have additional supervision from one external psychologist and one external psychiatrist.

4. Other activities undertaken by the Centre

From the very beginning of the operation of the Counselling Centre we believed that Volunteerism should be one of the goals of the service. It would offer the students:

- An opportunity for improving social skills.
- A feeling of effectiveness which in turn, can raise self-esteem.
- An opportunity for doing something they wanted to do and not something they had to do.

But besides these issues, as Nelms (1997) underlines, volunteerism helps students discover special interests and talents in areas outside the traditional educational environment, reduces their self-centeredness and increases their empathy.

For all these considerations, the Counselling Centre for students is trying to act as a facilitator in the interaction between students and local society (Karademas &

Kalantzi-Azizi, 2005). The procedure for volunteerism we follow in our service is the following:

- [1] We advertise about the volunteer positions.
- [2] Students who are interested in participating arrange an appointment with us and go through an interview process, in order for us to get to know them before they visit the organizations. Carlo et al. (2005) in a survey of college students, showed that certain personality factors and prosocial values play a significant role in shaping volunteerism.
- [3] We explain to them the concept of volunteerism and about the needs of the children and adults in the care of the organizations.
- [4] They then contact an official, from the organization they wish to visit, who explains them the way it operates.
- [5] And finally, after this visit, they decide whether or not to volunteer.

Throughout the year, we are in contact with these organizations and with the students. We want to hear about their experiences and to help them with their emotions or any other difficulties they are encountering.

The volunteer initiative began in 2003-4 in Heraklion. The following year it also began in Rethymnon. Initially the collaboration was between the Centre and just one local organization and each successive year, one more organization was added. These organizations can be either governmental or private and can be either for children or for elderly people.

This year, the Centre in Heraklion co-operated with three different homes for children and with one non-governmental organization helping blind people. The Centre of Rethymnon co-operated with two organizations. One is for people with disabilities and the other is a day care Centre for families with low income.

Table 2 presents the number of students after the interviews and after their decision for volunteering to work for the organizations. However, each year many more students arrange appointments with the Centre for an initial interview. Moreover, experience has shown that some of the students, who come for this initial contact for volunteerism, often return for counselling.

Table 2
Numbers of Students Participated in Volunteerism Initiatives

HERAKLION CAMPUS	
YEAR	No. of students following an interview process
2003-4	15
2004-5	27
2005-6	32
2006-7	29
RETHYMNON CAMPUS	
YEAR	No. of students following an interview process
2004-5	9
2006-7	15

Some other initiatives have also been launched by the centre:

- a. A group therapy for stress management was organized. The aim of the group sessions was to help students improve their psychological health and train them in those skills necessary for handling stressful situations (Karademas & Kalantzi-Azizi, 2005).
- b. Another initiative was to contact foreign students, and to record their needs in order to find ways of helping them. At the beginning, we determined the number of foreign students per department and their countries of origin. However, although we tried to approach these students through different means (mail, posters university welfare office etc) only 3 post-doc students showed up.
- c. Finally, this year and under the supervision of a recently arrived employee of the Centre, a new initiative is now in process, for recording students with disabilities. They were identified by disability and by department, in order to find ways of helping them.

However, in order for us to be able to continue the efforts, there are certain problems that must be resolved: there is a need for additional specialized personnel; there is also a need for supplementary administrative help in order to handle the growing relevant overload; and, of course, there is need for further financial support. In the future, we plan to further expand the above described activities; to establish and develop a closer collaboration with counselling Centres for students in the country and abroad, as well as to broaden the delivery of even more effective services to our students.

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THE EFFICACY OF A WEB-BASED STUDENTS' PEER COUNSELLING PROGRAM

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Abstract

In the context of the findings regarding students' use of electronic means of communication to receive and to offer support for academic and personal issues, a web-based form of psychological peer support seems to offer unique advantages. Students can receive empowerment, social support, and peer counselling in an accessible and cost-effective fashion, and at the same number of peer counsellors can cater for a larger number of students. While the use of online discussion forums seems feasible for the implementation of such a programme, the departure from the traditional peer counselling practice raises a number of clinical and practical issues to be investigated. Relevant issues are outlined and ways to address them are proposed.

Keywords: Online Peer-Counselling, Online Peer-Support, Online Psychological Student Counselling in Higher Education

1. Introduction

People do not seek professional help for every difficulty in their lives, but often turn first to their social resources in their immediate environment for help, support and advice (Lampropoulos & Spengler, 2005). Support groups can be thought of as the organised form of this naturally occurring practice and Winzelberg (1997) classifies them as an intermediate step between individual coping and professional mental health interventions. Support or self-help or mutual help groups consist of individuals facing similar life difficulties who come together to help themselves and others. They provide an ongoing and highly available source of support (Salem, Seidman, & Rappaport, 1998) as well as a psychological sense of community that may lead to a decrease in feelings of stigma and social isolation (Levine, 1998).

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1.1. Traditional Support Groups

One of the primary functions of mutual-help groups is the provision of ongoing peer-based social support, that can take many forms (Salem, Bogar & Reid, 1997): (a) emotional support – encouragement, (b) instrumental aid or tangible assistance via the provision of concrete support, (c) cognitive guidance via the provision of new or different ways of thinking about a problem or experience, (d) advice and factual information via specific suggestions, direction or guidance about possible courses of action, and (e) companionship and socialization via the development of friendships and ongoing relationships. In addition, members not only receive help or support but they also provide support to others (which, according to same researcher, can be even more beneficial), offer and receive experiential knowledge (wisdom and know-how gained by personal participation in a phenomenon) and have the opportunity for personal disclosure. Braithwaite, Waldron & Finn (1999) state that social support groups offer a holistic and cooperative approach to meeting cultural and social needs, resulting in a sense of empowerment. Support groups are semiformal helping arrangements that offer a sense of community, a sense of self-achievement, less perceived inadequacy and threat to self-esteem, internal attributions of success, opportunity to establish and maintain interpersonal relationships, and low financial cost (DePaulo, 1982).

There are a variety of self-help and support groups worldwide. Empirical research has supported repeatedly the effectiveness of self-help groups in addictions, as well as school, correctional, medical, and mental health settings (Moos, 1999; Barlow, Burlingame, Nebeker, & Anderson, 2000; Bright, Baker, & Neimeyer, 1999; Devilly, Sorbello, Eccleston & Ward, 2005). In this context, DePaulo (1982) argues that self-help groups may allow people to overcome their aversion to help seeking and predictions of mental health experts' rate self-help groups and paraprofessionals as the treatment providers of the future (Norcross, Alford, & Demichele, 1992; Norcross, Hedges, & Prochaska, 2002). In the light of the socioeconomic pressures for cost-effective interventions paraprofessionals and self-help is seen as an adjunct intervention (or sometimes the only intervention) that may substantially reduce the cost of treatment, offering brief affordable and cost-effective help consistent with a stepped-care model (Mains & Scogin, 2003).

1.2. Online Support Groups

Internet technology offers new possibilities to the long-standing practices of bringing people together in peer-led social support groups, and there is an increasing interest in using computer technology to link people who share similar life circumstances, and personal challenges (Madara, 1997) via the creation of virtual communities through online groups. Online or electronic or virtual support groups or computer-based self-help groups as they are called, are now widespread, can address a wide range of psychological and physical concerns (Oravec, 2000) and by using computer-mediated communication it has been suggested that they offer a new delivery mechanism for psychological services (Winzelberg, 1997).

Online support groups vary widely in regards to focus (specific problems or populations, or more general health or social concerns), administration (set up by

individuals or organisations) type of communication (synchronous or asynchronous; moderated or spontaneous) and operating procedures (moderation by professionals, moderation by trained peers, facilitated by peers). Some forms of support groups, mainly organisation affiliated professional moderated groups, have been more extensively studied, while others such as trained peer moderated asynchronous groups have not been the target of investigation yet.

This lack of empirical data is important, since it is calculated that about one fourth of Internet users seeking health information become members of some online support group (Cline & Haynes, 2001). But the huge variability of the available online support groups makes the evaluation of their usefulness and their efficacy methodologically difficult. For example, there are online support groups set up by individuals covering thematic areas determined by interested members and not by health professionals, which can deal with information or practices that may be dangerous or unethical. On the other hand, available data support the efficacy of peer support groups set up by professionals for specific health problems (see for example, Scneider & Tooley, 1986; Gustafson et al., 1999; Barrera, Glasgow, McKay, Boles, & Feil, 2002).

In general, other than providing information, the main function of such interventions is the enhancement of social support by peers, the indications so far conclude that this aim has been achieved (Barrera et al., 2002). Online groups have unique characteristics that distinguish them from their face-to-face counterparts, offering higher levels of expressed emotional support and self-disclosure, less formal structure and group process (Salem et al., 1997).

Swickert, Hittner, Harris & Herring (2002) discuss the suggested notion that online activity might degrade social relationships and reduce an individual's feeling of support. Researchers who argue that Internet use enhances feelings of social connectedness and social support cite a variety of factors that appear to contribute to this effect. One of the most important of these factors concerns the opportunity that the Internet affords individuals to meet and interact with people who have similar interests (McKenna & Bargh, 2000). Relationships formed online via chat rooms or discussion groups might allow individuals with mutual interests or experiences to obtain information and encouragement from others who are like-minded. Internet seems to maximize the effect of similarity that contributes to friendship formation. Researchers have determined that it is common for individuals to form friendships with others online and to consider those relationships to be as close as face-to-face non-Internet relationships (Salem et al., 1997).

In addition, there are various advantages of online support groups, due to the unique characteristics of online communication, such as (a) access through transcendence of time and space and (b) anonymity (King & Poulos, 1998). McKenna and Bargh (1998) suggest that individuals who have a "concealable stigmatized identity" will experience a disproportionate degree of anxiety when seeking social support. Such individuals will have strong motivations for belonging to a group of similar others, but are unable to do so because of the concealable and potentially embarrassing nature of their identity. The same researchers argue that anonymous participation in online support groups is motivated by a series of very basic needs, such as gaining self-esteem, reducing uncertainty about oneself, and fulfilling the need to belong. In addition, the anonymity

provided by online groups increases the possibilities for self-disclosure and encourages honesty and intimacy (Madara, 1997).

1.3. Peer Support Discussion Forums

Regarding the type of the communication, asynchronous arrangements seem to offer specific advantages. It has been found that written communication in real time (online chat) often causes difficulties when many people try to communicate simultaneously (Markey & Wells, 2002). On the other hand, asynchronicity allows individuals to carefully develop responses at their own speed (Finn, 1995, 1999) and especially when text messages are publicly available members have continuous access to help and information at times most convenient to them. In this context, the use of online discussion forums seems to offer advantages over e-mail lists or bulleting boards, since they have the benefit of having topics organized into readily accessible “threads” (posts by multiple people on the same topic; Hsiung, 2000). In addition, synchronous communication is by nature suitable only for small groups of people, while public forums provide access to information for and from a potentially large number of participants (White & Dorman, 2001).

Kummervold et al. (2002) investigated the use of the four major Norwegian mental-health-related online support forums. 492 participants responded to a web-based questionnaire and according to the findings participation in forums increased members’ knowledge and understanding of mental problems, health care services, their rights and what they could expect from health services. Participants stated that they found it easier to discuss personal problems online than face-to-face, and almost half of them said they discussed problems online that they did not discuss face-to-face. The majority perceived discussion groups as a supplement rather than a replacement of traditional mental health services and 64% evaluated the anonymity very highly, stating that they wouldn’t have used the forum if they had been required to state their real name. The most dominating theme was the usefulness of the forum in providing information, followed by social support and contact. Based on these results, the researchers argue that forums lower the threshold for acknowledgement and discussion of mental health issues. Those who are confused and have fears about mental health disorders and psychiatric services can find a non-threatening environment to express their concerns and pose their questions. For many, this may represent an important first step in the help-seeking process.

Online support forums can also be a useful adjunct to more traditional support groups. Schneider and Tooley (1986) evaluated the effectiveness of an online behavioural smoking cessation program which incorporated an electronic bulletin board. They found that the discussions on the electronic bulletin board had all the characteristics of a self-help group and that many members were able to quit smoking while using computer conferencing, although the lack of a control group made uncertain the role of the online support group in the outcome. In a follow up study Schneider et al. (1990) evaluated two versions of a smoking cessation program. The full treatment version allowed access to an online support forum in addition to the smoking cessation behavioural intervention. The limited version contained only the behavioural intervention. They found that the subjects who had access to the forum were more likely

to complete the treatment and succeed in terminating the tobacco use. The authors concluded that the group interaction and peer support facilitated by the forum was critical to the success of the smoking cessation program.

1.4. Young People As A Target Population

Young people seem especially suitable candidates for an intervention of this type, since they are more proficient in the use of computers and are particularly comfortable with online communication (Proudfoot, 2004). It has been found that pre-graduate students use electronic mail to offer and receive support on academic and personal issues (McCormick & McCormick, 1992) and that written correspondence facilitates the expression of adolescents' developmental difficulties on personal identity and mature relating (Subrahmanyam, Greenfield, & Tynes, 2004). It has been suggested that interventions targeted at young people are especially crucial since professionals have the opportunity to influence attitudes and behaviour through information and advice (Klein & Wilson, 2002).

Suzuki and Calzo (2004) investigated the content of two "Teen Issues" bulletin boards (one for general teen issues and one on sexual health) on a popular health support website. The objective was to learn more about the types of health, sexuality and relationships questions that youths choose to ask their peers online and the types of advice and support that they receive. Findings showed that adolescents tended to use the health bulletin boards most frequently to ask questions related to romantic relationships and sexual health. Emotionally supportive comments were fairly common while negative comments were limited. This may be partially attributable to the fact that the site employed health professional moderators to monitor its content.

These results were supported by another study, which found that 82% of youths felt that the protection of confidentiality was very important when seeking health information (Rideout, 2002). Young people are often reluctant to reveal personal problems to others (McKenna & Bargh, 2000) and the anonymity of bulletin boards is being actively used by adolescents to ask a variety of sensitive questions online. Furthermore, the responses received from their peers are rich with personal opinions, advice and concrete information and are often emotionally supportive. Research shows that peers with a similar background are preferred to professional helpers, but all these non-professional helping interactions are not necessarily beneficial or equally effective alternatives to professional therapy. Most of these interactions are more likely to be used as adjunct interventions or at least need some minimal guidance by professional or paraprofessional counsellors (Medvene, 1992).

2. Implementation and research proposal

While the use of online discussion forums seems feasible for the implementation of such a programme, the departure from the traditional peer counselling practice raises a number of clinical and practical issues to be investigated. We propose the implementation and evaluation of a web based, trained peer moderated support group which is an intervention not previously investigated that offers significant advantages.

An intervention of this type aims at the utilisation of the university's community resources in the best possible manner. Students are offered a virtual space, which can provide them with the ability to share their thoughts and problems with other students, in order to receive information, understanding, empathy and support. The use of community resources lowers operational cost of the service, as compared to the use of professionals and aims at the reduction of the workload of the student counselling therapists within the framework of a stepped care model (see Figure 1) and at the utilization of the unique characteristics of peer support interventions found on prior investigations.

Implementation: Moderated web based discussion forum. Forum technical characteristics help orientate the participants; the existence of several subject categories whose content is easy to grasp prevents the confusion that might ensue at the sight of a host of completely heterogeneous messages.

Public answers allow a large number of users to benefit from the published information and students can participate at their own convenience, as opposed to real-time text correspondence where there exists a specific time limit in message exchange.

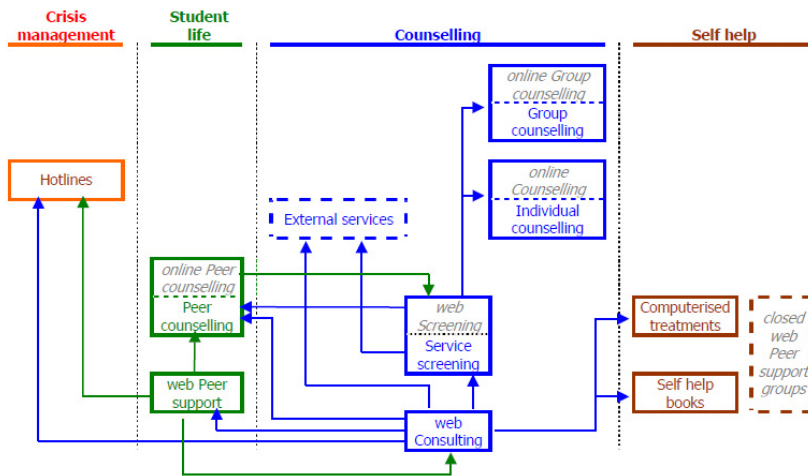


Figure 1
**Web peer support within the framework of a stepped-care model
 for psychological student counselling**

Target group: Open to all university students.

Participation: Anonymous via the use of pseudonyms for the users. Eponymous for moderators and administrators.

Forum rules – referral criteria: Only messages related to student issues are allowed. Messages relating to mental disorders are referred to the appropriate service modalities. Content of messages will be the only criterion for publication since due to anonymity no control of the real identity of the users is possible. Contributions from members of

the academic staff and mental health professionals not related to the service are not allowed. No advertisement of private mental health services is allowed.

Moderators: Group of trained peer counsellors, supervised by mental health professionals (administrators).

Moderator role: Moderators have the right to approve or delete postings, lock threads, move threads and edit messages (according to forum rules), since unmoderated open groups allow less inhibited members to harass other members and disrupt the group. In addition, messages will be approved prior to publication, since in unmoderated groups inaccurate, mistaken or dangerous information can appear and while other members may object to the erroneous information, all members may not read the corrections in time. Approval of messages prior to posting may lead to less spontaneous communication and act as a barrier to a climate of support, warmth, and trust, therefore continuous monitoring is needed and thus an appropriate number of moderators must be employed.

Peer counsellor role: Moderators in addition to their administrative responsibilities may choose to intervene when they suspect a misunderstanding due to the exclusive use of written communication, when a question remains unanswered for a long period of time, or when the user states that his concerns have not been sufficiently covered.

Supervision: Moderators will be supervised by counselling centre professionals. Supervisors will be monitoring the forum so as to control and ensure the quality of the operating procedures and to help and support moderators in their role. Weekly group supervision sessions will be scheduled and the supervisor will be daily available for brief consultations with the moderators if needed. A special closed section of the forum will be accessible only to moderators in order to discuss concerns, difficulties and procedural matters.

Moderator training: Moderators will receive the standard peer counsellor training and an additional training in the software platform used by the programme. Special emphasis will be placed on referral criteria; based on their role, moderators must have a sharp acumen, diligence, and the ability to distinguish between mild and more severe psychological problems, but also empathy, emotional reflection and communicability. To ensure the above, the moderators must be selected via interview from the group of student volunteers attending peer support training and serve a trial period under close supervision.

Moderator commitment: In order to ensure moderators' commitment, special attention will be placed in recruiting an appropriate number of moderators, resulting in a reasonable workload. In addition, moderators will sign a contract of honour stating their commitment to offer their services and conform to the operating procedures of the forum. Upon offering their services for an agreed period of time, moderators will receive letters of recommendation describing the nature of their voluntary contribution.

Ethical concerns: Relevant provisions of the following codes of ethical conduct will be taken into account: Internet Healthcare Coalition, Health on the Net Foundation, Commission of the European Communities, International Society for Mental Health Online, Psychiatric Society for Informatics, USA National Board of Certified Counsellors, American Counselling Association, American Psychological Association, and the American Medical Informatics Association.

Evaluation: Prior investigations have focused primarily on individual messages and perceived social support, but evaluation should include the total experience of participation for all parties involved.

Online questionnaire: Two versions of the questionnaire, one for users of the forums and one for visitors (users who choose not to participate actively). Areas of investigation should include user characteristics, evaluation of support/advice received, future use of the service, characteristics of the service that motivated them to use it or consider using it, and compliance to suggestions offered.

Content analysis: Content analysis of questions and answers by external ratters in order to identify (a) the users' complaints (type of complaint, adequacy of complaint, seriousness of complaint, whether the complaint refers to the user himself or a significant other), (b) the characteristics of messages (length, interest in anonymity, type of information presented), (c) the characteristics of the replies provided by peers (length, type of information, suggestions, support), (d) moderator activity (provision of information/ advice, referrals, message editing/deleting, thread locking etc.)

Moderator questionnaire: Areas of investigation should include satisfaction, perceived level of competence, sense of responsibility, difficulties, and sufficiency of training/supervision.

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STUDENTS' PSYCHOLOGICAL WEB CONSULTING: FUNCTION AND OUTCOME EVALUATION

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Abstract

Psychological web consulting in its common form refers to a brief interaction with a mental health professional via written electronic communication. While web consulting services have been implemented by many mental health centres and in most cases have been proved popular, there is a controversy regarding the efficacy of such brief interventions, as a means to address simple problems and as a means of transitioning users to other forms of counselling. University students seem the ideal population for such an intervention, since they are accustomed to the use of new technologies and they often present difficulties that can be dealt with a simple intervention. In addition, it has been proposed that an intervention of this type leads to the creation of a 'database' of information regarding students' issues that can be used by future users of the service, thus helping alleviate the heavy workload that most student counselling services face. Data from prior investigations are presented and ways to further investigate, validate, and evaluate the function and the outcome of web consulting in the context of students' psychological counselling are discussed.

Keywords: Web Consulting; web counselling; online psychological student counselling in Higher Education.

1. Introduction

Recent developments in computer science had a strong influence in the science of Psychology and led to the development of new methods for providing psychological counselling services (Smith & Senior, 2001). The most recent developments in this area are related to the widespread use of the Internet, which facilitated the application of computer-mediated models of providing psychological counselling services in addition to the models of computer-aided provision of psychological counselling services (Nickelson, 1998). Computer-aided programmes refer to strictly structured

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interventions where the computer assumes in essence the role of the counsellor, providing the necessary information and feedback according to user input (Marks, 1998). In contrast, in computer-mediated programmes the computer and the Internet are used as means for communication between a human counsellor and the client (Anthony, 2000).

Psychological web consulting or single session psychological web counselling can be classified among the various forms of computer-mediated programmes and refers to the provision of individually customized information and advice on psychological difficulties. Customisation refers to the development of individually targeted help that is provided on the basis of need.

This is achieved by a brief interaction with a mental health professional via written electronic communication. Usually, the question and the answer are published in a public website, and answers to similar problems are grouped together and remain at the website for further reference by other users facing similar predicaments.

Although the provision of web consulting services (in various forms) is widespread, there are a number of unanswered questions regarding their function, their operation procedures and their efficacy as interventions (Barak, 1999). The degree in which users read the answers of the professionals and are influenced by them is unknown.

A large number of computer-mediated programmes are offered in the USA (see www.metanoia.org), not only for the general public, but for university students as well (Zalaquett & Sullivan, 1998; Hsiung, 1997; Chapman & DiBianco, 1996). The reason that special programmes were developed for students is twofold: (a) students are a high risk group due to the critical nature of the post-adolescent developmental phase (Rubio & Lubin, 1986) and the demanding nature of the academic milieu, and (b) students are accustomed to the use of the new technologies (Eurobarometer, 2002), making them the ideal target group for this kind of intervention. Yet at the moment the adjustment, application and evaluation of similar programmes to European conditions issue a challenge.

1.1. Prior Investigations

There are two prior investigations of web consulting with publicly published answers in Europe, only one of which is specifically targeted to university students. Data from these investigations will be used in order to discuss the theoretical advantages and disadvantages of this form of psychological web consulting.

Michaud and Colom (2003) evaluated an Internet health site for adolescents in Switzerland. Data were collected using two self-administered anonymous online questionnaires, one offered to all visitors of the service and one offered only to teenagers who had asked a question. The first questionnaire focused on the perceived satisfaction, access to the web site address, prior use, and motivation enhancement to discuss personal/health matters with friends, relatives, or a professional. The second questionnaire focused on the evaluation of the "tone" and the contents of the answers and the possible effect of the intervention to attitudes and behaviour.

During a four-month period from December 2000 to March 2001, evaluations from 1,804 visitors and 257 users were received. In addition, usage statistics were collected

and the authors report that during the year 2001 the site received 181,557 visits and 4,382 questions were asked and answered.

Efstathiou and Kalantzi (2006) evaluated the web consulting service of the Counselling Centre for Students at the University of Athens. An anonymous online questionnaire was used for evaluation purposes. Two versions of the questionnaire were prepared, one for users of the service (students who actually submitted a question) and one for visitors (students who visited the web site and read answers to other students' messages). Both versions of the online questionnaire contained a section on user characteristics (sex, age, residency, special needs etc.). The users' version contained a section on the evaluation of the answer they received, while the same section on the visitors' version referred in general to the answers published at the site (quality of answers, useful suggestions, time devoted to answer etc.). Both versions included questions regarding future use of the service and referral of fellow students to it. Users were asked what specific characteristics of the service they found important when they chose to use the service and visitors what/which characteristics they find important in considering using the Service (ambivalence about traditional counselling, anonymity, speed etc.). In addition, users were asked about the outcome of the intervention (intention to follow suggestions, intention to use traditional counselling services or to use a self-help manual if suggested). A nine point Likert scale was used (1 = I disagree, 9 = I agree).

In the 38-month time period from the 1st of April 2002 to the 31st of May 2005, 605 visitors and 175 user evaluations were received, while in the 45-month time period from the 1st of September 2001 to the 31st of May 2005, the service received 1,743 students' messages and 161,612 server requests were made for the related web-pages.

1.1.1. Popularity

The high number of messages received in the two investigations indicates that web consulting services are popular. The statistics regarding visits to the web sites are not equally reliable but also point to the same direction. This is especially important in view of the evidence that there is a lack of sufficient quality control mechanism on the health information published in the Internet (Christensen & Griffiths, 2003). Despite the fact that information seeking on the Internet on health matters is so widespread that some researchers believe that health professionals are no longer the main source of health information (Proudfoot, 2004), a review showed that less than 10% of health related web-sites were deemed adequate based on content and usability criteria (Bedell, Agrawal, & Petersen, 2004). Users cannot assess the quality of health information on the Internet (Pérez - López, 2004) and therefore health professional guidance is essential for the location of useful health information (Reed & Anderson, 2002; Belcher & Holdcraft, 2001). Web consulting services offer exactly this kind of professional guidance and the interactivity they provide seems to attract visitors (Chen & Yen, 2004). Data from the University of Athens show that web consulting was twice as popular as the online static self-help material (Efstathiou & Kalantzi, 2006).

Psychological web consulting web sites serve the goal of control of the mental health information presented on the Internet by qualified professionals in an additional way. Their high popularity offers them elevated ranking in the output that users get when

querying popular web search engines for mental health problems. During the last two years of functioning of the web consulting service in Greece all queries regarding popular psychological terms, such as anxiety, depression, sexual dysfunction etc. in the Greek version of the Google search engine, resulted in the link to web consulting service being ranked first.

1.1.2. Asynchronous written communication

Intervention models that are based on written language should not be considered as an intermediate stage until the provision of services via teleconference becomes feasible. Especially models that use asynchronous means of electronic communication (e-mail, discussion forums etc.), offer a different form of intervention with different characteristics and should be rather considered as an evolution of the interventions via the telephone (Barak, 1999). Unlike models that are based on teleconference (a) lack of visual contact enhances the sense of anonymity, (b) communication is asynchronous and therefore not spontaneous, and (c) there are important practical advantages (e.g. low connection and equipment cost). In comparison to interventions via the telephone, when the answers provided by the mental health professionals are publicly published they become available to a large number of interested users and not only to the user posing the initial question (Vandenbos & Williams, 2000), while it has been suggested that written intervention records motivate professionals to adhere more closely to ethical guidelines (Robson, & Robson, 2000).

The exclusive use of written communication has caused concerns for possible misunderstandings, but other researchers believe that, due to the asynchronous nature of the communication, the information and the support provided are of higher quality (Griffiths & Cooper, 2003) and the time available for the formulation of the question and the answer diminishes the possibility of misunderstandings (Bischoff, 2004). Also the difficulties that have been noted in expressing meanings and messages in writing that are readily expressed verbally by mental health experts, have been shown to increase mental health professionals' involvement in the intervention (Hall, 2004). Data from both investigations seem to support these notions. Michaud and Colom (2003) report that 92% of the users felt that the professional answering their question had clearly understood their situation and their problem and 83% of the users felt satisfied with the content of the answer/information they received. Efstathiou and Kalantzi (2006) report that users evaluated the overall quality of the answers favourably ($M = 7.02$, $SD = 1.62$, on a nine point Likert scale), as well as the level of understanding of their problem by the mental health professionals ($M = 7.38$, $SD = 1.90$) and the time the mental health professionals devoted to the answer of their question ($M = 7.88$, $SD = 1.47$). Visitors provided somewhat less positive evaluations: overall quality ($M = 6.43$, $SD = 1.71$), understanding of the question ($M = 7.08$, $SD = 1.83$), time devoted ($M = 6.97$, $SD = 1.89$). Concerns about misunderstandings due to written communication was a less serious problem for users ($M = 3.64$, $SD = 2.78$) than for visitors ($M = 5.19$, $SD = 2.47$) but visitors rated high the available time to organise their thoughts and express their difficulties ($M = 6.51$, $SD = 2.30$) as an advantage of web consulting (users $M = 6.16$, $SD = 2.31$).

Other researchers have proposed that the written expression of emotions and thoughts can be therapeutic by itself (Wright, 2002; Wright, & Chung, 2001), and that the total lack of personal contact leads to the phenomenon of online disinhibition of deeper material (Owen, Yarbrough, Vaga, & Tucker, 2003). This was investigated by Efstathiou and Kalantzi (2006) who report that users found the anonymity ($M = 7.47$, $SD = 2.30$), the use of written communication ($M = 7.01$, $SD = 2.19$), and the lack of personal contact ($M = 6.58$, $SD = 2.64$) facilitated the expression of deeper thoughts and feelings.

The enhanced sense of anonymity provided by the exclusive use of written communication seems to diminish the social stigma attached to visiting a mental health provider (Kypri, Saunders, & Gallagher, 2003), to allow people suffering from highly stigmatising mental disorders to ask for help (Johnsen, Rosenvinge, & Gammon, 2002), and even counteract social factors that may hinder help seeking behaviour such as gender and physical appearance (Ybarra & Eaton, 2005).

1.1.3. Publicly published answers

The practice of publishing the answers to the users' questions in a public web site leads to the creation of a 'database' of information regarding students' mental health issues that can be used by future users of the service, thus helping alleviate the heavy workload that most students counselling services face. In theory, given enough time and resources, all, or at least the majority of, relevant questions will be answered. Thus a high number of students will find the answer to the question they were intending to pose already published and even in the case their question is not already answered, they can draw inspiration or refine their question based on replies to similar concerns.

Data from the two investigations support this notion. Michaud and Colom (2003) report that after 4 years of functioning the number of visitors per month continued to increase but the number of questions dropped to half. In addition, 58% of the users of the service stated that they read answers to other people's questions before making their own inquiry. Similar results are presented by Efstathiou and Kalantzi (2006). Users reported that they found previously published questions helpful ($M = 6.83$, $SD = 2.20$) and 15,5% of the visitors stated as a reason for not using the service that their questions were covered by previous answers. The respective percentage of visitors' questions covered by the available psychoeducational material was 2.3% and by the provided links to other web sites was 1.0%. According to the authors, this may be due to the fact that web consulting information is provided on the basis of users' needs and it is therefore by definition relevant to students' difficulties, as opposed to the usual self-help material provided by services. Another reason could be that users find the question and answer format more attractive or more relevant to real problems of real people and thus more convincing. In addition, the rate of use of the published material seems to be high, since 105.97 server requests were recorded on average for each published question. In this investigation the increase in the number of messages received did not stop, but the proportion of the answers that were confined to a brief message and a referral to the answer of a previous question increased from 4,1% in 2004 to 23,1% in 2005. This is very important within the concept of minimal therapist contact, since users received

individual responses to their questions leading to high satisfaction from the services they received, but the burden for the mental health professionals was minimal.

Efstathiou and Kalantzi (2006) report that users were given the option of using their personal e-mail account in order to receive a personal response that would not be published at the web site, but the vast majority (88%) chose the online anonymous e-mail form to submit their message in order to receive a public answer. The only information requested by the online form was age and gender and no pseudonyms were used. A brief summary of the question was used in a special section of the web site called "new messages" in order to facilitate users locate their message which was linked to the full text question and answer. New messages remained in this special section for a week and were then removed to the appropriate thematic section.

1.1.4. Accessibility

All web based methods of rendering psychological services draw upon the 'power' of the Internet that can be summarized in three A's: Accessibility, Affordability, and Anonymity (Griffin-Shelley, 2003). Therefore, web based interventions seem ideal for people who are not ready to make use of traditional services (Oravec, 2000), for people who are geographically isolated or living abroad and prefer to receive services in their native language (Bischoff, 2004), and for people suffering from motor disabilities (Barak, 1999).

Efstathiou and Kalantzi (2006) report that the leading reasons that students gave for using the Service was ease of use ($M = 8,12$, $SD. = 1,45$), speed ($M = 7,80$, $SD. = 1,72$) and anonymity ($M = 7,54$, $SD. = 2,23$), followed by ambivalence about traditional counselling ($M = 5,57$, $SD. = 2,89$). In addition, about one third of users (28,4%) and one fourth of visitors (26,1%) who evaluated the service reported living abroad or away from home, and the same proportion of students of users (28,4%) and visitors (25,5%) stated that they do not attend classes (a common phenomenon in Greece) or have dropped out of studies (9,1% of users and 16,0% of visitors). The percentage of students with motor disabilities was equivalent to the true proportion of disabled students at the University of Athens (1,1% of users and 1,7% of visitors).

1.1.5. Efficacy

The unknown efficacy of psychological web consulting programmes is one of the major drawbacks noted in bibliography (Barak, 1999). Both investigations provide interesting data regarding the problem, which, while not definitive or conclusive, offer support on the efficacy of web consulting interventions.

Michaud and Colom (2003) report that 55% of the users who evaluated the service stated that they changed their behaviour as a result of the answer they got and 28% said that they have been encouraged to see a professional or use some other health service. Efstathiou and Kalantzi (2006) report similar findings: users expressed higher intention to follow the suggestions provided in the answer they received ($M = 7.22$, $SD. = 1.72$) as compared to seeking professional help ($M = 5.74$, $SD. = 2.46$) or using a self-help book ($M = 5.69$, $SD. = 2.49$). According to this data, web consulting, in the form investigated, seems more efficient as a means to provide information and address simple

problems and less efficient (but not inefficient) as a means of transitioning users to other forms of counselling.

These findings are particularly interesting in the light of the fact that users stated that they used the web consulting service for problems that they perceived as very intense ($M = 7.94$, $SD. = 1.44$) and that 14,0% of users who evaluated the service did not attend classes exactly due to the problem they described in their message. Given the fact that in 17.4% of the messages treatment by mental health professional was suggested as the required course of action and in 9.3% as a possible course of action, a major concern is raised regarding the usefulness of web consulting interventions for a portion of users. The authors give two possible explanations for this phenomenon. The first taps the methodology used to evaluate users intentions, who usually filled in the online questionnaire immediately after receiving the answer, and it may be possible that more time was needed before users reached the decision to seek traditional services for their difficulties. The second taps the possibility that current services may not appeal to many individuals with mental health problems, as evidenced by the fact that many individuals with mental health problems do not receive help. Users' choice in Greece is limited to traditional counselling or self-help books and it may be possible that by enabling the user to choose among various electronic methods of service delivery, the motivation to comply will increase. In addition, the significant percentage of users that were referred to a mental health professional or a mental health service means that web consulting programmes need to operate within a framework of mental health services, including traditional and online forms of screening and complete therapeutic interventions.

Another problem regarding the efficacy of psychological web consulting refers to the portion of visitors who chose not to make use of the service. Michaud and Colom (2003) offer the explanation that some adolescents simply chose to use the service as a traditional information site, whereas others chose to use the service in a more interactive way. Efstathiou and Kalantzi (2006) report that visitors' evaluation of the service was favourable (see above) and that the vast majority of students who did not use the service stated that they intend to use the service in the future if needed (92,1%) and to suggest it to fellow students facing personal difficulties (89,2%), so the explanation offered by Michaud and Colom seems plausible.

1.1.6. Ethical concerns

Due to the practical and ethical concerns raised by the provision of psychological services via the internet, various professional organisations and scientific associations have released codes of ethical conduct and principles. Internet Healthcare Coalition (2000) has published the eHealth Code of Ethics for web sites offering information on health matters and an analogous code has been published by the Health on the Net Foundation (1997) and the Commission of the European Communities (2002). Especially for the provision of psychological services via the Internet a set of principles and guidelines has been adopted with minor changes by the International Society for Mental Health Online and the Psychiatric Society for Informatics on January and May 2000 respectively. More targeted to full treatment options are the codes of ethical conduct published by two professional associations in the USA, the National Board

of Certified Counsellors (1998) and the American Counselling Association (1999). Analogous codes, available to members only, have been published by the British Counselling Association (1998) and the Australian Psychological Association (1999). In the new code of ethics of the American Psychological Association (2002) there is a reference stating that the code applies to all professional activities regardless of the means of communication (mail, telephone or Internet). The American Medical Informatics Association has published guidelines for the use of e-mail for clinical purposes (1998), which are not specific to the provision of mental health services.

Provisions relevant to web consulting could be summarised as follows:

1. The aim of the services provided must be clearly stated.
2. The name of the person(s) in charge of the website must be clearly visible and they must be available for direct communication.
3. All published information must be regularly inspected and the last modification date must be visible to all.
4. Should external links be published in the website, it must be made clear to what degree the person(s) in charge of the website endorse these links' content.
5. Every possible effort must be made for the site to be accessible to individuals with special needs.
6. All sources of financial support must be clearly stated.
7. Should advertising be among the sources of financial support, then all advertisements must be distinctly separated from the scientific material published.
8. Services on a personal level must be provided by suitable mental health specialists, whose capacity and credentials must be made public and, if possible, to be open to verification.
9. The limitations of the web service provision must be made clear, as well as the fact that contact via the Internet cannot substitute face-to-face interaction with a trained specialist.
10. Users must be thoroughly informed regarding issues of confidentiality, such as the possibility of interception, the designation of the persons with access to the data offered by the user, and the technical provisions aimed at protecting personal data.
11. It must be made clear what personal data is collected, by whom, and for what purpose.
12. It must be clearly stated in what manner and for how long the data connected with the interaction with the specialist will be stored.
13. The procedure of communication must be thoroughly explained, as well as the terms under which the services are provided.
14. Information must be offered regarding alternative possible ways of receiving health services, beyond the Internet.
15. The emergency situation procedure must be fully explained, which includes ways of communication outside of the Internet.
16. The mode of speech used to deliver information at the website must be simple and clear, and also appropriate for the target group.
17. Users must be made aware of the possibility of misunderstandings due to the

communicating via web, and provisions should be made in order to resolve such future misunderstandings.

18. The website specialists must at all times conform to the laws and codes of ethics of their profession and respect the limits of their professional abilities.

2. Conclusion

Psychological web consulting interventions, although popular, have not been the focus of extensive evaluation. Especially the use of publicly published answers has been the focus of only two investigations in Europe. According to the data of the available investigations, psychological web consulting programmes enjoy high popularity among young people (adolescents and college students) and their current functioning (professional consultations, via asynchronous, anonymous written communication, giving individualised but publicly published information and/or advice) is deemed satisfactory by both users and visitors. This type of intervention seems to offer significant advantages, such as (a) the creation of a “database” of information regarding students’ issues, accessible to all future visitors, (b) the asynchronous nature of the communication allows for better preparation of the material on the part of the counsellor and on the part of the client, meaning that accurate and comprehensive information is provided, (c) the facilitation of the disclosure of personal thoughts and feelings (online disinhibition effect) and (d) the accessibility of the provided services. Concerns about possible misunderstandings due the use of written communication or ethical issues seem to have been adequately addressed in the implementations reviewed.

The aim of psychological web consulting is not to replace complete therapeutic interventions; rather it seeks to complement those interventions by providing information, psycho-education and advice. Simple difficulties can be addressed via web consulting, but more complex difficulties are referred to other online or traditional services, more suitable for providing full treatment. Web consulting may prove especially useful within the framework of a stepped-care model since it provides a new technology for catering to the individual needs of a large audience relatively cheaply and delivers a complementary targeted programme, which could help manage service delivery and decrease the cost of routine procedures and processes, thus reducing the overall cost of mental health services (see Figure 1).

Although web consulting seems to have unique advantages in its ability to deliver tailored information and advice at low cost, as an alternative mental health delivery medium, it is difficult to control how users interpret or act upon the information/advice they receive. The two available studies relied on online questionnaires in order to investigate users’ intention to comply to the suggestions they received and offer some support for the efficacy of web consulting, at least for a portion of users; yet further research is needed using data from the services the users are referred to and controlling the framework of available services in order to ensure a wide range of electronic and traditional services is available to the users. The enhanced recruitment bias inherent in Internet surveys should also be taken into account when interpreting the favourable evaluations of web consulting in the two studies reviewed.

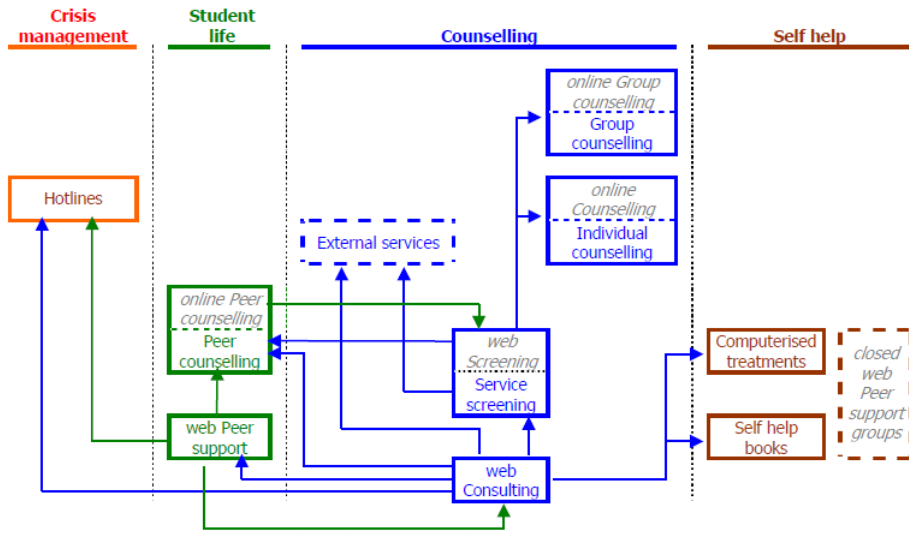


Figure 1
Web consulting within the framework of a stepped-care model
for psychological student counselling

2. Proposed implementation and further research

Psychological web consulting seems a promising new channel of communication with clients, but its integration within the existing services mix raises questions for further research. Available data offer useful guidelines for various aspects of the proposed service implementation:

Intervention: Individually tailored text based information and advice in question-and-answer form. Users should be informed before submitting a question that the service does not aim at the provision of complete counselling services.

Delivery method: Asynchronous communication via e-mail with publicly published answers. Users should be informed about possible technical problems.

Target population: Clear criteria for eligibility of questions (type of difficulties) and users (who are allowed to pose a question) should be available to visitors.

Intervention limits: Users should be informed that web consulting is not a full treatment option and that although information is provided by mental health experts it does not constitute an official diagnosis or consultation.

Crisis management: Users should be informed that web consulting does not provide with immediate help and information should be provided for emergencies hotlines, hospitals, and other available options.

Credentials: Mental health professionals reading messages and offering advice should be identified, including their professional qualifications and licences.

Confidentiality and privacy: Use of online anonymous e-mail form via secure connections. Only age and gender is required to submit a question - no registration or

use of pseudonyms is required, since users locate their message via a brief summary of their question. Messages are published as received, with the exception that any personal information is eliminated. Users should be informed about technical arrangements used to protect their privacy.

Accessibility of online material: Answers should be grouped together in thematic categories for future users' convenience and remain available indefinitely. Expanding FAQs should be constructed out of the available answers, with new information added as new questions are answered. Links to relevant sections of the FAQs can be used by service staff in order to alleviate workload, but the answer should never consist entirely of links to online material or previous answers, in order to maintain the sense of an individually tailored answer.

Response time: New mails are collected twice a week and answers are published on the website along with the questions after 48 hours.

Network of services: A network of appropriate services should be identified for referral purposes. Web consulting services should not be offered for difficulties that no full treatment options are available for users.

Links to other forms of service provision: Web consulting should not be the only available service offered. Users and visitors should be informed about other types of services available, links and information to these available services should be provided.

Links to external web sites: Links relevant to the target population should be provided using a standard disclaimer that information / services provided in these web sites are not under the direct control of the web consulting service.

Feedback: Provision for users' feedback on clinical or technical matters should be provided in addition to ways of investigating /evaluating the service.

Evaluation:

I) Online questionnaire: Two versions of the questionnaire, one for users of the service and one for visitors. Areas of investigation should include user characteristics, evaluation of the answers, future use of the service, characteristics of the service that motivated people to use it or consider using it, and compliance to suggestions offered.

II) Content analysis: Content analysis of questions and answers by external raters in order to identify (a) the users' complaints (type of complaint, adequacy of complaint, seriousness of complaint, whether the complaint refers to the user him/herself or a significant other), (b) the characteristics of students' questions (length, interest in anonymity, type of information presented) and (c) the characteristics of the answers provided (length, type of information, suggestions, referral to other answers, referral to traditional counselling, referral to online material, referral to self-help books).

III) Referral data: Data should be collected from all collaborating services receiving referrals from web consulting and should be compared to number and type of references provided in the answers offered. This method allows for the evaluation of service efficacy in terms of users' compliance and in terms of the influence on visitors.

Software: A Content Management System should be used in order to facilitate managerial tasks and eliminate the need for additional computer skills on the part of the mental health professionals. The web site should be standards compliant, in order to be accessible by the special software for users with special needs.

In addition, widespread adoption of web consulting programmes requires the determination of various aspects of the operating procedures. An operation manual on service policies and standards should include skills and qualifications of mental health professionals, required staff training procedures, supervision procedures and quality control procedures. In addition, maintenance and operating costs should be determined.

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PSYCHOLOGICAL COUNSELLING FOR STUDENTS – A FUTURE PERSPECTIVE¹

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Abstract

The present structural changes at German universities enhance the pressure to perform during studies and, thus, lead to an increased psychosocial impact on students. The consequences of this development for psychological counselling are discussed and possibilities for prevention and systematic intervention in the higher education sector are shown.

Keywords: Universities; structural changes; psychological counselling.

The everyday life of students in Germany is subject to dramatic changes. A general reorganization of the educational system at German universities and the introduction of tuition fees are the main reasons. These prevailing reforms have side effects that ironically seem like job-creation measures for psychological counselling services. I will report here of our latest experiences from the Counselling Center at the University of Oldenburg and point out possible changes in the needs for counselling among students – not to forget consequences for the self-conception of counsellors themselves. Finally, I would like to encourage you, my colleagues in the counselling centers of other universities, to aspire an active role in the current changes of university structures. Use your expertise and help to improve teaching, transcend the traditional frame of individual counselling.

1. The developmental challenges while studying in the university

The “traditional” problems of students visiting the counselling service concern identity, self-esteem and relationships, followed by the complete spectrum of neurotic and psychosomatic issues including suicidal crises. In most cases these problems are

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accompanied by impairments in working performance and fear of failure. We commonly interpret these phenomena as results of a transition phase between adolescence and adulthood - important for orientation and identity-shaping but with a high susceptibility to crisis and decompensation. During this time students are confronted with various developmental tasks like separating from their family, setting up an own social network, coping with the rules and requirements of universities, step in to professional life, etc. The difficulties of coping with these problems have been studied extensively (Holm-Hadulla, 2001; Leuzinger-Bohleber, 1997).

Various studies agree that 20-25% of university students suffer from mental problems affecting their university performance; that is far from a minority's problem. Many students can cope with the pressure using own resources or their environment, however 5-10% of students need professional help (Hahne et al. 1999).

In addition to the known mental stresses of university life, new factors are emerging due to societal developments. Since years the reports of health insurances warn about an accumulation of mental diseases. The report from Deutsche Angestellten Krankenkasse 2005 (DAK Gesundheitsreport 2005) says: "There is a disproportional increase in mental diseases among the younger age group. Women from 15-29 years and men from 15-34 years are particularly affected. During 1997 to 2004 the number of cases with disorders doubled in some of the younger age groups. [...] Phobias and depression will be widespread disorders in the future. In times of economic uncertainty, more young people seem to develop mental problems as a reaction to the professional and personal challenges."

In universities this general trend is obvious too. We observe a growing number of depression, phobias and burnout cases.

2. Mental problems in the age of the Bachelor/Master's degree

2.1. An Example

Let me illustrate this with a case example: Bettina is 21 years old and in her 2nd semester of a combined bachelor program for mathematics and biology. She wants to become a teacher in secondary school. To finally achieve this goal she needs to be accepted for a master's degree after her BA program of study, which is only possible with a final BA degree of at least 2.5. For comparison: 1 would be the best and 5 a failing grade. Not meeting the required grade to enter the master studies practically means you cannot become a teacher.

Since the tests of the first semester every single grade influences the final result. Bettina attends almost 30 hours of mandatory courses a week. In her first semester she worked hard and got satisfying results. In her second semester, however, she developed a sleeping disorder, could not detach her mind of study-issues to recreate any more - she failed an exam in mathematics.

Then she prepared for the two upcoming exams at her parents home, where - as she puts it - she finally had a nervous breakdown. Everything seemed overwhelming, she felt powerless and could not stop crying. Her parents took her to a general practitioner who applied strong tranquilizers and recommended to visit a psychologist.

A few days later she visited the student counselling service for the first time. After she had recounted her story, I asked her what kind of help she expected of me. She shrugged saying that she never considered visiting a psychologist until her parents and doctor advised her to do so. In her point of view she had no psychological problem but “just a problem with her learning”. She reacted aggressively angry to my cautious exploring whether she might give things a bit more time, let go of her excessive demands and recover from her burnout. How could I even think of this – she wouldn’t want to be a lazy bum! If she would fail an exam now she would not be able to finish the module: She would lose a whole year until the module would be offered again!

I asked for her social contacts and found that Bettina was poorly close to any of her fellow students; most of the time she avoids them as her competitors under the collective urge to make it into the master studies. Also she is not interested in a close relationship which consumes too much precious time in her opinion.

As it is common practice in psychological exploration, we also talked about Bettina’s family. She is the only child and both of her parents are teachers. I remarked, that I often find teachers’ children having very high expectations of their performance and personality. Again she refused this angrily: She didn’t experience any pressure induced from her parents, who only wanted her to be happy; her relationship to them was just fine. She simply wanted to improve the effectiveness of her studies. Everything else was fine. – I asked myself, what now...

Finally I told her that her story reminded me of managers who sometimes run the risk of breaking down under permanent stress they are exposed to – if they have to face it alone. These managers make sure to have a coach with whom they can discuss and plan how they may master their work challenges. To this I got a positive reaction from Bettina and added that we should spend a few sessions to check the details of her working routines. Based on this we could plan improvements allowing her to prepare for her exams with less effort. Bettina welcomed this proposal. I emphasised that even the capacity of high performing managers are limited. They need to set priorities and take time to recreate. It is the only reasonable way they can sustain their top working efficiency. This kind of language finally enabled me to discuss with Bettina, what she had to do to regain her health.

In the end we agreed: I would function as a coach supporting Bettina to develop pragmatic ways out of her serious crisis. I hoped, that in case this support should turn out to be insufficient for solving Bettina’s problems we would at least reach a new basis of trust and then be able to reconsider which kind of further psychological help was necessary to stabilize her.

Please don’t misunderstand me: There are many students who welcome the new study policies of the universities as a help for them. This accounts especially for those who used to suffer from the demand they should freely organize their studies on their own responsibility. These students treasure the clearer guidelines they find now. At the same time however we find an ever growing number of students like Bettina, who need special support to cope with the pressure, these guidelines burden them with.

2.2. First Experiences of Counselling Bachelor-Students

Despite the new organization of studies the above mentioned basic developmental

challenges like separation from family and finding an own adult identity stay the same for all students. It seems however that nowadays there are new ways of looking at these challenges. In the past, students were elaborating their own identity by critically dissociating from their parents and authorities. So the universities experienced varying forms of protests and conflicts, in which students were struggling with the alma mater about values justifying scientific and social action. In contrast to this, we meet many people in our counselling center nowadays who perceive the university as a place of training but not a context of discourse for cultural and political engagement. Their main goal is to regularly pass their exams and have good grades – the promised ticket to career-chances. Competing with others as successful as possible and holding all further options of education is considered the best remedy for anxieties about the future.

Let me talk about some tendencies in the two years since the introduction of the bachelor degree recognizable in counselling practice at the University of Oldenburg next.

2.2.1. Who can easily deal with the new structures?

Students who are able to devote their whole time to studying, who are capable of working well in a structured setting, and who have a clear idea of what they professionally want to do later usually feel comfortable with the new educational structures at universities. Other positive factors are tolerance to stress – especially staying relaxed in the face of examination-requirements – and tolerating own deficits as well as uncertainties as a member of “pioneer-generations”.

2.2.2. Who will have difficulties with the bachelor degree system?

- The situation is problematic for students who can not completely devote themselves to their studies, because of their family situation or because their need to earn money. Data from the 17th social evaluation of the German Student’s Union (17. Sozialerhebung des Deutschen Studentenwerks) show that this can not at all be disregarded as a minority. Approximately 6% of university students have children and a remarkable fraction of students doing their first degree spend time in a paid employment (see Figure 1):

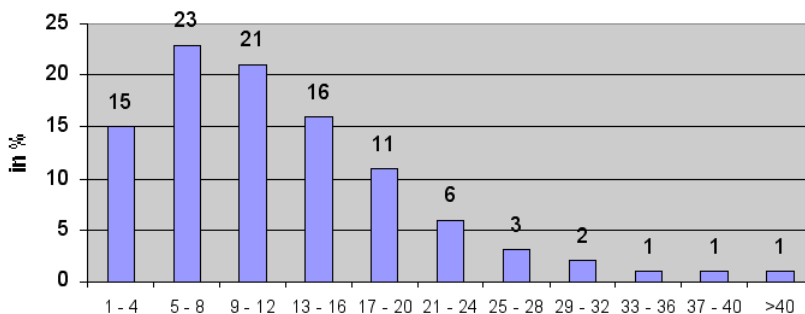


Figure 1

Students sorted by hours of work in employment. First degree university-students with a paid employment (source: Der Bundesminister für Bildung und Forschung, 2004, p. 262)

- Students with uncertainty about their own capabilities, fear of failure and tendencies of perfectionism suffer from significant pressure in the new system, even sharpened by the short times between the frequent examinations.
- Students who are not sure about the adequate choice of their major and who would need more time for experience and orientation in the university, are not granted this moratorium. Quite on the contrary students are more and more shaped by the idea that they can not afford any wrong decision; a detour is not seen as a benefiting experience but definitely as a failure.
- The challenges of studies are easier to cope with practicing team work and division of labor, so students who choose the way of the “lone warrior” competing for the limited master degree places easily end up in personal impasses.
- Future acceptance of the bachelor degree by employers in Germany is still difficult to predict. Those students, who do not manage to build up an optimistic pioneer-attitude suffer from anxiety about their future.
- Students feel most hindered by the uncertainty regarding the required results and grades for entering a master degree program. Consequently students think about dropping out fast when their performance is low.

2.2.3. Changes in the requests for counselling

In our counselling practice we can see certain shifts among the reasons why students seek our service: While the above-mentioned “traditional” concerns regarding personal matters did not change, there is a growing emphasis on issues like impaired ability to work, fear of failure, mental stress and problems in time management. More students seek counselling services during the early phase of their university studies already and not mainly at the end – as it was in the past. The number of long-term-students visiting the counselling service – a considerable fraction of our clients in recent years – is significantly decreasing since the introduction of special tuition fees for long-term students.

In the year 2005, for the first time in the history of Oldenburg’s Counselling Center, first semester students were the largest group of new clients (see Figure 2):

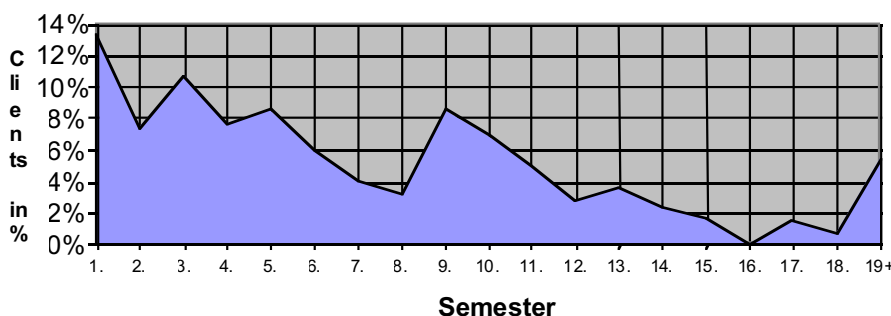


Figure 2

Percentages of clients per semester (N = 472) (source: Psychosoziale Beratungsstelle von Studentenwerk und Universität Oldenburg: New registrations in 2005 with respect to semester)

From the beginning of their university studies on, students seem to push themselves to complete their studies with maximum success. If they encounter difficulties adjusting to the new teaching and learning style, they readily interpret this as a personal failure and question their qualification for their major or university studies in general. In these cases, it is important to support the students to regain their self-confidence and remind them, that it takes time to adjust when you enter a new phase of your life.

2.2.4. Changes in the counsellors' work

The counselling center's work is still coined by cases of personal or mental problems and acute crises. Our efforts aim to support students establishing a sustainable social network, and we encourage health promoting strategies. At the same time we increase the activities related to the latest changes: Many group-activities and workshops facilitate students in developing practical skills for successful studies:

- Structuring work processes with respect to time and content – time management, coping with stress and relaxation techniques
- Special groups for parents in university
- Workshops to prepare for exam-situations, self-confident presenting and dealing with presentations
- Trainings for effective strategies developing team work capacity and networking
- Workshops about motivation

Individual therapeutic counselling is not necessarily the central issue of our work any more. In the past long-term-counselling was predominant, but it is now more likely that students during the whole of their university years ask several times for a few appointments (2 to 3 sessions) only. An increasing number of students visits the counselling service with a distinct problem and clear cut goals. They expect coaching and structured help to achieve these goals. It is predictable that training and coaching elements as well as short term interventions dealing with learning and working impairments will become even more important in the future.

3. Conceptual consequences

Which general consequences for counsellors and counselling services come along with the changes in counselling practice?

3.1. Self-conception of The Counsellors

One has to take into account, that counsellors run the risk of idealizing their own university studies (which were many years ago usually). The contemporary organizational structures with their limited freedom and time for personal experiences are easily disdained; there are even accusations why students acquiesce (arguing from the traditional “revolutionary position”). The upcoming challenges imply that counsellors be careful about their counter-transference. The old definition of counselling focusing primarily on the counselor-client relationship has to be reconsidered. It is no question, that empathy and relationship are still basic conditions of successful counselling, however the counsellors must not fail to really “meet the clients where they stand” today.

In the above described case this meant to first offer operative and pragmatic help:

Coaching studying techniques and time management to release pressure. Only as a second step it can be checked if there is need to analyze intrinsic factors and biographical backgrounds responsible for a client's chronic tendency of exaggerated demands.

3.2. Concepts of the Counselling-Institution

From an institutional perspective it follows that counselling services must not limit their work to conventional case work. Instead they should engage in prevention in a very broad sense. The well-established Mental-Health-Centers at US universities can be taken as a model for this. First steps could regard the content on the counselling centers' web pages; or to appeal to a larger number of students by public-presentations in the university. Various workshops and courses about techniques of work organization, stress management and similar issues can help to spread knowledge about how to cope with highly demanding university studies in a health promoting way. These psycho-educative offers should enable as many students as possible to prevent crises arising from disorganized work. The training and supervision of students as tutors, who fulfill an important role as knowledge multipliers, can add to this goal.

The counselling services have a special responsibility for all students, who do not match the ideal of the full-time student and may easily feel like an unwanted minority at universities of today. Classically, we have to help students, who are not well adapted and come into conflict with the university. But we must not forget to support completely "normal" students under special stress – ideally so before they develop any symptoms.

4. How may things go on?

4.1. Contemporary Structural Changes

Taking a look to the future, the lower age of new students and the introduction of tuition fees will lead to major changes in student life. The gap between poor and rich will increase. It seems doubtful that the politically announced goal of having a larger fraction of the birth cohort attending university will be easily reached. Student counselling services may have to provide study-encouraging and finance-counselling for individuals of poor and uneducated social backgrounds.

The current Shell-youth-study specifies interesting findings about the role of the family for the upcoming student generation. Adolescents and young adults emphasize how strongly they draw on the support of their family and friends. In times of economic uncertainty the family provides social and emotional support. Almost three fourths of the adolescents (73%) between ages 18 and 21 still live at their parents' place. Harmony at home is common: 90% of the adolescents stated to get along with their parents well and 71% would raise their own children the same way or similar (Hurrelmann, K. & Albert, 2006).

These findings match our observations from counselling. We assume that university studies will become a family-project in many majors. The increased importance given to university education can be witnessed in Oldenburg whenever parents and grandparents

queue up early in the morning to get tickets for lectures of the “children’s-university” – offered for 9-12 year old kids.

The social paradigm shift towards accepting financial debts in favor of university studies is likely to be effused by many families. They will rather try to support their children financially out of their own resources. In regional universities, even more students will stay at their parents’ home and commute between there and the university city. An increasing number of students will seek student jobs and try to earn the money for the tuition fees by their own work. The consequences for duration and success of their studies are obvious.

4.2. Consequences for Counselling

Germany has recently changed its school system, too. 12 instead 13 school years are standard to obtain the Abitur now (the necessary high school diploma to apply for universities). So the future average first-semester students will be younger than today – another new aspect for psychological counselling: One can assume that the students emotional bonds to their parents will be strengthened and the necessary development of separating from home will be delayed. Many students will experience a pressure legitimating their status during the entire time of their studies. Wrong decisions about their major or failures and detours in the course of their studies must not happen or will be perceived as catastrophes in the family – which will increase the demand for counselling. Possibly, counsellors will have to think about parent-counselling as a new necessity. This is already common practice in the US university system; on the counselling centers’ web pages there is detailed advice for parents about symptoms indicating mental problems of their children and how the parents can react (e. g., University of Florida).

5. Hope

Facing the above described trends one might fantasize universities mutating into education-factories, students into well adapted, hard studying slaves and the psychological counsellors into coaches and behavior-trainers. But visions like this would mean to exaggerate. An exceedingly prominent university like the St. Gallen University (Switzerland) stimulates hope offering a symposium with the title “University studies and personality development” and rector Ernst Mohr says in this context:

“Therefore the focus of holistic university education [Ger: Bildung] should include the ability to counteract the spreading of coldness in the society in addition to the common university education. [...] Not a stringing together like magic moments of humankind and being-human but the search for ambivalences, which is in every one of us, builds personality. The knowledge of one’s own ambivalences is the precondition for being able to subordinate individual concerns under those of groups without spreading coldness in the society” (Spoun et al., 2005, p. 10)

In this context an elaborate mentoring and coaching program in St. Gallen aims at facilitating four trans-disciplinary core competencies:

1. Self-reflection as the ability to perceive oneself while acting and being able to determine the driving values and norms and criticize those
2. Self-responsibility as the ability to accomplish and successfully master challenges of own and social responsibility
3. Social competence as the ability to interact and communicate with people in different situations, that means in agreement with the situation
4. Leadership as the ability to on the one hand communicate visions and orientations to other people – being able and striving to be to be an example. On the other hand to accept initiatives of others and integrate them in the development of common goals and perspectives through team work (see Spoun et al., 2005, p.341f)

Of course the main impulse for learning and practicing such competencies must be through the university teaching; but psychological counselling services at the universities can complement important contributions. This concerns the individual counselling of students looking for help; however the counselling services are also asked to contribute to the institutions, as they have the insider knowledge about developmental processes of students and their necessary separation and ambivalences during their growth to an adult identity. Whether it is the design of examination conditions, didactic questions or the communication of interdisciplinary competences – psychological counsellors can give valuable ideas and participate in model projects, if they integrate more into the university landscape and do not keep counselling behind closed doors and professional discretion.

6. Conclusion

The counselling needs of university students will change their focus in the future. The changes in university organization going on already or to come, will most likely lead to an increasing request for psychological counselling. In addition to the traditional challenges of this phase of life there is a new pressure to perform highly efficient. Not only students should be interested in psychological counselling but the universities as well to make sure that students master personal crises and complete their degrees successfully. Universities will expand any kind of input helping not to fail the goal of personal development which has always been part of academic education. Because who would want later decision makers who did not learn anything except how to successfully pass exams during their university studies? Can we accept this as adequate qualification to be able to deal with the complex problems of the upcoming society?

For psychological counsellors, there is a need to develop, expand, be creative and network to contribute their expert knowledge about the mental situation of university students to the current process of reforms.

And one final thought: If there is no way to prevent the implementation of tuition fees, why shouldn't our contribution to the improvement of universities be to promote investing this money for the development of psychological counselling services?

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BRIEF REPORTS

ABOUT THE DIFFICULTY OF STUDENTS TO OVERTAKE/PASS AND SURPASS THEIR PARENTS

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In the psychological work with students we often encounter the phenomenon that students have an invisible internal and external border or barrier that restrains them from developing themselves regarding the possibilities and abilities they could have. It looks as if they make themselves “smaller” than they are. It seems like an insuperable barrier, embankment or wall which often has to be seen in connection with their parents.

During the time of studying, in the time of being a student, the learning process should also be a period of personal growth and working on your identity. And it is also the time of necessary separation from their homes, of becoming an adult standing on their own feet.

But there are mothers, who want their children to live nearby and not to go far away from them in all aspects. And there are fathers, who do not want to be surpassed in their arguments; or who on the one hand support their children in their study but on the other hand always grumble against academics. And it is also the students’ obstacle and childlike wish for assurance not to go their own way. They stay under the ceiling, like ‘so far and not further’.

The first time this phenomenon caught my closer attention was when I read a personal letter of S. Freud to Romain Rolland (“A disturbance of memory on the Acropolis”). In this letter Freud described his thoughts and feelings when he was standing in front of the Parthenon, with a feeling of strangeness and of “too good to be true”. Climbing up to the Acropolis was accompanied by the feeling of a winner over his father who had never been able to do this journey. But it was also accompanied by a strong feeling of guilt toward his father, like it would be still forbidden even in his age, to be superior to his father.

First it was necessary to define the meaning of ‘overtake/pass and surpass’, as I understand it. It does not mean being better at everything than the parents (otherwise it can lead to a destructive dynamic of a power struggle), but finding his or her own way which may suit him or her better. This does not mean that the students have to break the relations with their parents, but it means the end of the relationship between a child

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and an adult, leading to a new relation of mutual respect – the kind two adults should have for each other.

The aim of the workshop was to make this border more visible by assessing both private memories as well as examples of clients/students, thus enabling students to develop their own potentials. To discuss the question of how difficult it can be for students to surpass their parents when the parents prevent it (for instance, because parents have difficulties with the wish of their adolescent child “Mom and Dad, help me not to need you any more!”)? And to find solutions, what can we do as psychological student counsellors to make it possible for students to cross this strange border. To do so, it is necessary to know the emotional dynamic of this phase of separation.

We also took a look at the difference between genders and additional at the differences in education and family matters of different cultural area (for instance in India, described by the psychotherapist Sudhir Kaka, or in our work with children of emigrants).

The workshop ended with a relevant exercise to emphasize the feeling of standing on one’s own feet. We formed two circles, an inner and an outside circle, the participants standing face to face saying to each other: “I am not in this world to fulfil your expectations”.

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RESOURCE ACTIVATION AS A MEANS OF DEALING WITH INTERNAL AND EXTERNAL LIMITATIONS

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Abstract

Resource activation constitutes an important factor in an effective psychotherapy (Grawe, Donati, & Bernauer, 1994). Meeting the zeitgeist could be one of the reasons that this term against a background of economic and ecological discussions of the last years is increasing in popularity. Many therapeutic methods emphasize the importance of resource orientation, but when taking into consideration the conditions of daily practice it is sometimes difficult to meet this standard. Not only in the clinical area, but also in the other areas of student counselling methods of resource activation can sometimes be helpful, if it is possible to fit them into the specific framework of the counselling process.

Keywords: Resource activation; psychotherapy; student counselling; symbolization.

1. Short theoretical input

1.1. The Term “Resource”

Resource is originally an economic term, and thus it is automatically associated with possibilities and limitations. At first sight the term sounds well-known, but on closer inspection it becomes indistinct (Katzensteiner, 2006). In the context of psychotherapy the term was - according to Grawe (1994) - probably first used by Karpel (1986). Inside psychotherapy the term makes sense only when it is related to the objectives of the subject (Willutzky, 2003). In their formula Schiepek and Cremers (2003, p. 152) see resources (R) - related to an “object” (X) - as a function of goal (G), judge and values (J): $R(X) = f(G, J)$. For daily practice “it seems more useful to see resources as “all the possibilities that are at an individual’s disposal” (Grawe, 2002).

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1.2. Resource Activation

Since Grawe's pioneer work (Grawe, Donati, & Bernauer, 1994), resource activation constitutes a core factor with regard to the effectiveness of psychotherapy. This part of the therapeutic work fulfils two main functions (Smith & Grawe, 2003): on the one hand to enhance the given potential, on the other hand to enhance corrective experiences. Recent research-based practice emphasizes that resource activation should lead to the perception of correlated "somatic markers", that means it should be felt inside the body (Storch 2004).

1.3. Resource Activation With Regard To Psychotherapy

Two different main approaches are related to the two following basic assumptions:

The first concept establishes that everybody disposes of sufficient resources to solve his problems. The main task of therapy is to help the clients to focus objectives and solutions instead of problems (systemic therapy, Rogers' client centred psychotherapy, Frankl's logotherapy, Jung's and Adler's psychodynamic conceptions, humanistic psychotherapy).

In the second concept resource activation is not only a matter of the resource orientation of the therapist. Systematic therapeutic intervention should be based on a diagnostic process, in which helpful resources have to be found in a goal oriented way (behaviour therapy, Young's schema therapy, Leuner's guided affective imagery, Peseschkian's positive psychotherapy).

1.4. Framework For Goal Oriented Proceeding

1.4.1. Balance model of "four areas of life" (Peseschkian, 1985)

Peseschkian's balance model can serve as a useful instrument for finding resources and put them in a practicable frame. It means that the following four "qualities of life" should be ideally balanced with regard to energy and time that a person spends in each area:

- body/senses
- achievement/reason
- contact/relationship
- fantasy/intuition

The specific way of dealing with these areas shows how individuals see their world including their resources, and can reveal their patterns of coping with conflicts.

1.4.2. Five-stage proceeding (according to Peseschkian, 1985)

Independent of therapeutic schools, the strategy of the five-stage proceeding, just like the balance model, enables the therapist/counsellor as well as the client to work with conflicts and resources in a clear progression:

I. Observation/distancing:

In this stage of "warming up", the therapist should try to provoke a "shift" from the problems to the resources of the client. A silver bullet to reach this goal can be to surprise the suffering person by applying a positive reformulation or interpretation of the symptom by using proverbs or metaphors.

II. Taking inventory (resource oriented):

The second step is an accurate inventory, using anamnesis along the balance model

as well as diagnostic instruments. The aim should be to find out the specific stresses and strains, the traumata and daily “micro-traumata” (Peseschkian) as well as the way the patient has learned to deal with them. That is the key to find one’s resources.

III. Situational encouragement:

Before working with the specific conflicts, it is essential to summarize how many problems the client has already solved and how she/he succeeded. Remembering one’s resources should be the bridge to stage IV.

IV. Working with conflicts:

Starting with encouragement it is much easier (in therapy as well as in self help) to work with the often disagreeable, “nasty” conflicts, patterns and schemes behind the problems.

V. Expansion of goals

Finally, it is important to induce the client to integrate the new resources into his/her daily life and to find new goals. And sometimes it can be helpful (for all of us) to forget all goals and simply live!

1.4.3. *How to reach goals (Katzensteiner, 2002)*

A third model especially for working with goals - in therapy/counselling as well as in self help - is very simple to handle. Only the following questions should be answered as exactly as possible (by the therapist/counsellor and by the client).

- What do I want?
- What am I able to do? (What are my capabilities?)
- What do I know? (What information do I have?)
- What is my profit? (How can I benefit from this?)

1.5. **Proceedings**

The following proceedings or parts of them can be used in self help, as home exercises, and also as a frame for resource activation, irrespective of, or in addition to, the specific school of psychotherapy. Part of the following steps is suitable for resource oriented self-awareness group training.

Step 1) Each area of the balance model should be described in relation to: past, right now, future = goals.

Step 2) In consideration of life balance one or two goals should be chosen and put in a clear sentence.

Step 3) These objectives should not only be deliberated in mind, but also in written form (using a “blue book” between therapy sessions or a diary).

Step 4) The objectives should be visualized and vividly experienced, including emotions and body sense.

Step 5) Each of the following questions should be answered:

- Which experiences can be used as resources for my objectives?
- Where can I feel these resources?
- Which resources can I use from the tradition of my family, group, culture?
- Which resources are missing?
- Which resources can I use: when, where, with whom, under which circumstances...?

Step 6) If possible, the client should ask his/her unconscious mind for one or more symbols of all the resources she/he needs.

Step 7) The realisation should be planned step by step, including the work with the symbols in the state of relaxation (Katzensteiner, 2006).

2. Practical work (short description of the workshop)

A fast way of finding out the resources that people desire in order to discover or reach a goal on the base of present needs, is to work with symbols (see short extract in Appendix I, Katzensteiner, 2005). In the workshop this was demonstrated by means of the models presented above.

2.1. Goal Clearing

After the theoretical input the participants were asked to think of a goal or – if there were no clear goals – of the unsatisfactory present situation, of an unsolved problem, etc. The next step was to write it down and to feel and visualize it. In case of sad feelings the participants were instructed to accept them, too.

2.2. Symbol Finding

Subsequently, the group members had two options for finding a symbol for their goals, needs or possibilities. The first option was to go outside and find it in nature (see Appendix II), the

alternative was a guided visualization according to Epstein (1989) inside the seminar room (see Appendix III). More than ten persons decided to go outside and only four preferred the visualization.

2.3. Work In Small Groups

After returning from their “journey” the participants were invited to talk with two partners about the symbols, the connotations with them and the experiences during the journey. Moreover, they were encouraged to start putting the results in an order within the above described framework.

2.4. Sharing The Symbols With The Group

Presenting the symbol to the group enables the individuals to widen their views of life, their resources and goals. Talking about their journey, and in some cases pushed by the feedback of the others, some of the members detected new possibilities, alternative ways of solving a problem or of dealing with limitations.

2.5. Homework

At last the participants were invited to keep in touch with their symbol and to reflect their goals and resources according the presented proceedings. It has been found that “thinking” in a written form, using a “blue book” or an electronic file, brings such aims to a favourable issue.

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APPENDICES

Appendix I: A short explanation of the context and some effects of symbols (Katzensteiner, 2005, p. 280).

Symbols “help to gain insight into subconscious patterns of thinking”, they “support regression” on the one hand and “mobilize the search for new possibilities” on the other hand. “Symbols serve as a filter, carrier of tradition and transcultural mediator”. In our context it is especially important that they have a “delayed effectiveness” (derived from Peseschkian 1985).

In a psychodynamic view symbols are parts of the “transitional sphere”. This means that they serve as a bridge between the area of “needs, fantasies, experiences” and the “given reality”.

Appendix II: Instruction for the symbol walk (inspired by Kutschera 1994)

“Go outside and first put the question to your inner mind, ‘What do I really need at the moment in my situation’. Concentrate on your feelings and try to be aware of your body. Your breathing can be the key to your feelings and to your body sense. Try to walk without intention – let the symbol find you. You only have to look and to accept the present that catches your eye - even if it’s not pleasant for you at first sight. Be aware of your emotions and body feelings. Come back after fifteen minutes at the latest.”

Appendix III: Instruction for imagination (first part “Trance exercise” according to Katzensteiner, 2005, p. 270, second part “The golden loom”, modified after Epstein, 1989, p. 56)

“In this exercise it is not important to see inner pictures as in the cinema, it’s only important to be aware of your experience. Close your eyes and take a deep breath. Visualize yourself leaving this room and arriving in front of the door to a beautiful garden. There is a doorkeeper, who gives you a golden brush. Clean yourself, and all your worries fall down together with the dust. Now go inside garden, and while you move along you become aware of what you see, what you hear and what you sense and feel ... And now you get to a single tree on a meadow and a little river. And then you sit down under the tree. Breathe out and breathe in a rhythmic way. And now let a golden loom appear. Before you begin to weave, put the question to your inner mind: ‘What do I really need at the moment in my situation’. Concentrate on your feelings and try to be aware of your body, and don’t forget to breathe... And now begin to weave. You cannot see the result – just let your hands dance with the threads available to you in all colours – and listen to the song of the loom.

And now have a look on your tapestry. What pattern can you see? How do you feel about it? What connotations do you have? Touch it, sit or lie down on it ... And now come back and take the tapestry with you, walk back through the garden, walk through the gate and come back to this room. Breathe out, stretch your arms two or three times and open your eyes”.

STUDY COUNSELLING PSYCHOLOGIST – A DEVELOPER OF HIGHER EDUCATION STUDY COUNSELLING PSYCHOLOGY IN FINNISH HIGHER EDUCATION

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1) The Finland experience

In Finland, there are three different kinds of psychological counselling services:

- 1) There is a counselling/studying centre in almost every university which aims at helping students with the course of their studies.
- 2) and there is the Finnish Student Health Service (FSHS) which provides psychological help. The FSHS offers counselling by psychiatrists, psychologists and social workers in the form of psychotherapy, counselling and consulting.
- 3) career guidance.

2) Study Psychologist

- Works at university
- Works with students, teachers and educational developers
- Co-operates with other student services etc.
- Is a new competence area of institutional counselling (process of learning

with student developmental issues)

3) Study Psychologist

- Is quite a new profession in Finland (under 10 years)
- Is usually well integrated in to institution's strategies and practices
- Is part of national network
- May do research of learning as well

4) Challenges

- It is important that student counselling is perceived as a part of the university and part of the academic task itself.
- The development of new concepts for counselling in the field of higher education is needed.

→ **What is study Psychology?**

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WORKSHOP: SELF HYPNOSIS AS A TOOL IN PSYCHOLOGICAL STUDENT COUNSELLING

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1. Introduction:

There are stressful times in students' life. Self Hypnosis can be an effective strategy to deal with stress or to activate personal resources. Hypnotic trance is an everyday phenomenon that is also therapeutically useful. One can use hypnosis to enhance existing potentials and skills. This self hypnosis training is based on Ericksonian school of hypnosis (Erickson, Rossi, & Rossi, 1978).

Erickson's perspective represented a revolutionary paradigm for the therapy process. Rather than using therapy to identify and cure problems, he concentrated on thrusting his patients into positive, life - enhancing experiences. Therefore, the target of this self hypnosis training is the strengthening of the resources of our clients.

There are times, when it is best to hold the attention and to become absorbed in one thing-whether it is to learn, to relax, to react more effectively, or to free yourself from the constraint of your usual schemas and world view, to switch off external and internal cognitive stimuli. It is difficult to do so, but not impossible - and self hypnosis can be a way to learn. This seems to be necessary for creativity and peak performance.

The purpose of a hypnotic intervention is to capture attention, direct it away from the existing schemas, and focus it on the therapeutic message of the hypnotist or the responses of the unconscious mind. There are many different ways to accomplish this.

Imaged events can alter patterns of learning and response to external situations, and they can help modify attitudes and beliefs. The focused attention and absorption of hypnotic trance allows us to take the power of imaginary resources beyond the use of ordinary visual imagery.

Hypnosis is always self-hypnosis - the therapist can only help to go into trance. In self hypnosis groups participants are encouraged to focus on their own resources and talents instead of their problems and difficulties. We know from empirical studies, that resource activation is one of the most important factors of effectiveness in psychotherapy (Grawe, Donat, & Bernauer, 1994).

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2. Method

This method is a very easy way to learn light trance for relaxation or to enhance learning motivation and performance (Trenkle, 1997). The method consists of two parts:

- in the first part your senses are oriented towards outside
- in the second part you can remember a pleasant situation e.g. from your holidays

At first you try to choose a spot you can focus on. You can take a spot on the wall, on the floor, some people look at a ring on their fingers. Hypnosis and self hypnosis are not only relaxation, but focused concentration. And in the first part your senses are concentrated towards outside. You look at this spot- but you see some other things too- you see colours, a little movement... you say to yourself four times, what you can see, then four times, what you can hear and four times, what you can feel, maybe the temperature of your hands. Then do the same with three times seeing, hearing and feeling, then twice and at last once. Whatever you can see, hear and feel is OK, there is no right and no wrong.

And then you can close your eyes and start with the second part, you can remember a pleasant, relaxing situation. You pretend to be there and you use the same structure as in the first part-starting with 4 times seeing, hearing and feeling and maybe smelling, if you want.

And I will do it here loudly for you and each of you does it in her or his way silently for her- or himself. And what I do here is only an example for you, you can do it your own way for what you can see, hear and feel.

And now you can imagine a specific situation, which lies ahead of you. It can be an examination, a speech or something else. Try to imagine this situation, try to see the place, hear a sound, maybe it is connected with a feeling. Now, let your inner mind find a resource that you would need for the situation. Whatever comes up is OK, it can be something very big; it can be something very small.

If it is OK for you, I will invite you to feel this resource; and whenever you are ready, you can go into that situation and experience it as you would, if it is happening right now. Just take whatever time you need and do it at your individual pace.

At the end of the session I will advice you to count from 20 to 1 and be more and more fit and oriented with every count.

In this autohypnosis technique you will learn to switch your attention to a pleasant situation in the past, an experience of calmness and relaxation. So it comes to a re-orientation of your actual feelings to the remembered ones and to the corresponding physiological reactions. And so you can use this trance for relaxation and for your individual goals.

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