



Covenant University  
**9<sup>th</sup> INAUGURAL LECTURE**

**CAN TWO WALK TOGETHER  
EXCEPT THEY AGREE?**

**A PSYCHOLOGICAL PERSPECTIVE OF A  
JOURNEY OF A HELPING RELATIONSHIP  
AND BEHAVIOUR CHANGE**

**AMOS A. ALAO**

***INAUGURAL LECTURE SERIES***

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journey of a helping relationship  
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## **INTRODUCTION**

Helping in general may not be the exclusive domain of any discipline as individuals have proffered help to others on demand when the person being assisted has sought such help. Sometimes the phrase from the helper could be “If I were you, I will do a, b, c, and d”. People also help one another in several ways every day and it is not unlikely for change to occur from this informal assistance.

Unfortunately, helping can be for good or worse. It is also not unlikely in some situations for the person assisted to come back to say “See the trouble you have put me after implementing your suggestions when I came for help”. This phrase seems to suggest that there are salient characteristics which consistently distinguish professional or paraprofessional from friendly or other helpful interactions.

### **What is helping?**

Helping is defined as assisting a client in gaining insight, exploring feelings and making positive changes in his/her life. It is a broad generic term which includes assistance provided by a variety of individuals including physicians, nurses, counsellors, psychotherapists, and human service providers (Hill and O'Brien, 1999). A helper is conceived as someone who provides assistance to clients, while the client is the individual receiving support. The helper and client work together to achieve desired outcomes with the helper facilitating the process. Benjamin (1974) defined helping as enabling acts so that those who are helped, recognize, feel, know, decide and choose whether to change. Helping relationship is not just one individual helping the other, it can involve individual - group interactions.

Consequently, a key word in the helping process is that of facilitation, during which the client is to obtain relief from emotional pain, discover direction for his/her life, receive feedback that can facilitate positive change and work towards personal growth. It is also anticipated that the client during the helping process will be able to

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explore his/her feelings, thoughts, trust his/her insights that will motivate him/her to proactive living. It is also anticipated that the client, during the process, will learn valuable skills to ensure future healthy and non-damaging relationship with another person.

### **What is a helping relationship?**

The words “helping relationship” are often used by physicians, clinical psychologists, counselling psychologists, counsellors, and social workers to characterize the services they provide. Helping professionals engage in activities designed to enable others to understand, modify or enrich their behaviours so that positive change can take place

A helping relationship presupposes that at least two people are involved, that is the helper and the person being assisted. Various terminologies have also been used to describe the two individuals involved, depending on the setting of the helping relationship or the professional orientation of the helper. The person providing assistance could be referred to as the therapist, counsellor, helper and the person receiving assistance could be referred to as patient in (the medical setting), helpee, client or clientele. In this lecture, I will be using these terminologies interchangeably.

A helping relationship also presupposes that the person seeking help is probably, facing a difficulty, a challenging situation, a psychological problem, in emotional pain, wants to maximize his or her potential. A helping relationship also presupposes the individual seeking help believes that he or she could be assisted by the helper because of his/her expertise.

## **PREAMBLE**

### **Can Two walk together Except They Agree?**

Can two walk together except they agree? (Amos 3:3). This passage could be interpreted as a journey between two people, possibly one person leading the way, while the person being led has agreed to follow. There is the assumption that there is no coercion and both have decided to walk on their own volition. There is also the assumption that the one leading knows the way and there would be positive result at the end of the journey.

Consequently, in this inaugural lecture, I intend to take you through a short journey between the helper and the client which is similar to the narrative just presented but from a psychological perspective. This lecture, in addition to explaining the concept of help and helping relationship, features, goals and objectives of a helping relationship will be discussed. The characteristics of helpers and helping skill will also be highlighted. The focus on the helping skills will be primarily on attending skill, while other skills such as responding skills, personalizing skills and initiating skill will be mentioned. To conclude the first part of the lecture, the three models of helping and behavioural change namely the i) the exploration stage, ii) the insight stage and the iii) the action stage will be discussed. The second part of the lecture will be devoted to my contributions to scientific knowledge.

Please follow and agree with me as we proceed on this journey by your rapt attention even though the journey will be a monologue and not a dialogue. It is my hope that at the end of this lecture, you will also agree with me that it may be difficult for two people to walk together if they do not agree even in a helping relationship.

### **History of Helping Relationship**

The history of professional helpers dates back many centuries and in each age, the predominant theory of human nature determined which professional group was considered the most competent to relieve

people's discomforts and psychological problems (Kanfer and Goldstein 1986). The priest shamans and with doctors in some societies were given recognition to assist people with their personal problems or rectifying behavioural deviations

Subsequently, in the western societies, the assumption was accepted that disturbances of the nervous system or biological structure of the individual were responsible for behavioural disorders. The responsibility of dealing with psychological problems was given to physicians and in particular psychiatrists (Kanfer and Goldstein 1986).

The last three (3) decades, there has been disenchantment with the view that behavioural problems represent mental illness associated with the organism's biological or psychic structures. Alternate models of psychological disturbances have been based on ideas derived from psychological systems and increasingly scientific psychology (kanfer and Goldstein 1986).

Congruent with the trend is the belief that the relief of psychological problems can be offered by persons with expertise in non-medical specialities.

Today, many different professions have as one of their goals the accomplishment of behaviour change in their clients. Physicians, Clergy, Psychologists, Counsellors and Teachers are among the professionals who offer services designed to change human behaviour. Kanfer and Goldstein (1986) noted that the most acceptable criterion for qualification in the helping profession is the successful completion of specified training programme. A doctoral degree or at least a master's degree is preferred in some helping professions.

A totally different qualification for helper concerns personal characteristics which may include helper empathy, warmth, honesty and expertness.

Advances in biomedical and behavioural sciences have paved the way for the integration of medical practice towards the bio psychosocial approach and psychology as a behavioural health discipline is the key

to the bio psychosocial practice, (Saeed, 2005).

The department of psychology as a health speciality and discipline has led to the emergence of other sub field and sub specialities which include: 1) Clinical psychology, 2) Health psychology (also referred to as medical psychology or behavioural medicine), 3) Clinical neuropsychology, 4) Counselling psychology, 5) Rehabilitation psychology, 6) Community psychology and 7) Paediatric psychology with sub specialities in each field, (Saeed, 2005)..

### Clinical Psychology

This is a broad field of practice and research within the field of psychology applying psychological principles to the assessment, prevention, amelioration and rehabilitation of psychology distress, disability, dysfunctional behaviour and to the enhancement of psychological and physical well-being (Canadian Psychological Association, 1996).

### Health Psychology/Medical Psychology

It is defined as the aggregate of the specific educational, scientific, and professional contributions of the discipline of psychology to the promotion and maintenance of health, illness and related dysfunction and the policy formulation, (British Psychological Society, 2003).

### Clinical Neuropsychology

This area focuses on the brain-behaviour relationship and how behaviour and behavioural problems are affected by the way brain functions. The clinical neuropsychologist specializes in the diagnostic assessment and management of individuals with drain impairment, (Australian Psychological Society, 1998).

### Counselling Psychology

The practitioner helps people as individuals and groups to improve their well-being, alleviate their distress, resolve their crisis and



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increase their ability to solve problems and make decisions. The counselling psychologist assist in the areas related to personal wellbeing, interpersonal relationships, work, recreation, health and crisis management.

### Rehabilitation psychology

It is concerned with the treatment and science of disability and chronic health condition. It deals with stroke and accident victims, people with mental retardation and those with developmental disabilities caused by conditions such as cerebral palsy, epilepsy and autism.

### Paediatric Psychology

They diagnose, assess and treat the psychological problems affecting the physical health of children and adolescents or resulting from dysfunction of the physical and mental development, health and illness issues affecting children, adolescents and families (British Psychological Society, 2003).

### Community Psychology

Deals with problems of mental health and human relationships in communities (American psychological Association, 1997).

### **Features of a helping relationship**

Kanfer and Goldstein (1986) reiterated that irrespective of the relationship, whether a relationship is called counselling, psychotherapy, guidance or behaviour modification, gestalt therapy and whether it is all professional or paraprofessional relationship in that it is conducted by a physician, psychiatrist, psychologist, counsellor and so on. The same features are found in all these relationships, in that they are: i) unilateral, ii) systematic, iii) formal and iv) time limited.

1) The Unilateral Aspect of Relationships:

The participants agree that one person is the helper and the other person is the client. The focus of the relationship and other activities is helping the client to solve his/her problems. The relationship concentrates exclusively on the client, his/her personal problems, personal affairs, the worries and challenges. The treatment is one sided and the focus is exclusively the client. The relationship is established and continues because the client feels a need for a special assistance.

The Systematic Aspect of the Relationship:

Participants agree at the outset on i) the purpose and ii) the objectives of their interactions. The helper attempts to plan and carry out procedures in an organized fashion towards the resolution of the client's problems.

2) The formal Aspect of the Relationship:

The relationship is formal and structured, it is characterised by a time arrangement, duration, privacy and confidentiality. The interactions between the helper and the client are confined to specific times and places. Times and places of interactions are arranged in such a way that the helper has no other role or duty during meetings with the client.

3) Helping Relationships are Time-limited:

The relationship terminates when the stated objectives are achieved. The termination is always considered the final outcome of the relationship. Termination can be based on mutual agreement on either the helper' side or the client's initiatives.

**Goals and objectives of the helping relationships**

A good treatment programme is built with clear conception of treatment goals developed by both the helper and the client. The objectives include; i) Changing of a particular problem behaviour (e.g. poor interpersonal skills) , ii) Developing insight or a clear rational and emotional understanding of one's problems, iii) Change in one's self perception, self-confidence, or sense of adequacy and iv) Change in one's life style or personality restructuring.

## **Becoming an Effective Helper**

To become an impactful helper requires some helping skills that would enable one to help others. The skills range from attending, to listening, responding, initiating and termination skills. It is equally important as a helper in a helping relationship to possess some qualities or some characteristics that can distinguish one as effective helper. There are suggestions of the basic qualities that a helper should have in a helping relationship such as counselling. These qualities are described as counsellor's characteristics. These qualities were said to have distinguished effective from ineffective helpers in the helping relationship. It is good to be familiar with these characteristics and to develop them when lacking.

## **Counsellor's Characteristics in a Helping Relationship**

Speculated characteristics in an effective counsellor by (Vocational Guidance Association 1949) include, interest in people, sensitivity to others, emotional stability, objectivity, giving respect for facts, trust from others. Other characteristics (Hamrin & Paulson 1950) are understanding, friendliness, sympathetic attitude, sincerity, tact, fairness, tolerance, neatness, calmness, broadmindedness, kindness, pleasantness, social intelligence, poise.

The Basic Qualities of Counsellors enumerated by the (American Association For Counsellor Education Supervision 1964), include belief in each individual, commitment to individual human value, alertness to the world, open mindedness, understanding of self, professional commitment. Parker (1966) suggested that counsellors should possess a sensitivity to others, ability to analyse objectively another's strengths and weaknesses, an awareness of the nature and extent of individual differences and ability to identify learning difficulties

Shertzer and Stone (1972) listed counsellor's characteristics as including: tolerance for ambiguity, acceptance of self, interest in people, willingness to experiment change and improve, and above

average verbal ability.

The traits possessed by the helper in a helping relationship such as in counselling relationship will be helpful. Other traits judged to be essential include the following: Caring, flexibility, tenderness, gentleness and receptiveness. Farson (1954) concluded that the counsellor is a 'woman'. The argument was that a counsellor's behaviour were fundamentally those the society traditionally attributed to women, such as tenderness, gentleness and receptiveness. These traits represent the opinion of those who have made them and they reflect on idealized personality. The traits of successful counsellors vary so widely that one list will never be sufficient. There are some instruments commonly used in the assessment of counsellor's characteristics which are not the focus of this lecture.

Carkhuff and Benson (1969) suggested that the counsellor is a man and a woman. Their argument was that although the counsellor usually initiates the relationship with "nurturing responsiveness", the counsellor later in the relationship shifts to a more active, assertive and confronting behaviours to enable clients act on their own perceptions. Dogmatism: highly dogmatic counsellors are more critical and less empathic.

Humour – capacity to see and appreciate funny and amusing things. Humour can serve as an adaptive function by reducing anxiety in a counselling relationship if appropriately used.

Profanity – irrelevant speech or conduct that have no connections with counselling. Counsellors who used profanity were judged by their clients to be less effective and satisfying. Words used by the counsellor should be facilitative.

Transparency – wearing no "mask" in the relationship. The client can see through the counsellor. There is significant relationship between counsellors' transparency and clients' self-disclosure.

Counsellor's activity – such as gestures, body movements have impact on client's reactions and verbal communications. The counsellor who

moved frequently, changed body positions, smiled, frowned, gestured etc., provoked more positive descriptions than the counsellor who remained as still as possible.

Self-concept and awareness – accurate self-knowledge is viewed as a condition necessary for counsellor's to enter their client's perceptual fields and to be perceptive about behaviour. It has been shown that counsellors who are aware of themselves, can understand better and appreciate the behaviour of others.

Congruence, empathy, unconditional positive regard, Rogers (1962) remarked that experienced counsellors offered more congruence, empathy and unconditional positive regard than did less experienced counsellors and were more successful in communicating these conditions to their clients' congruence – being genuine and integrated. Empathy – a state of perceiving the internal frame of reference of another with accuracy and with emotional components and meanings which pertain thereto as if one was the other person. Unconditional positive regard – the perception of self-experiences of another without judgement as to greater or lesser worthiness.

Personal characteristics as well as skills do count for success in a psychological helping relationship. Since counselling is an interpersonal relationship dependent on people coming together, the personal attributes of the counsellor or helper would complement other skills required for effective counselling. Recognition and development of these characteristics will make the relationship more meaningful.

## **Helping Skills**

The helping skills developed by Carkhuff (1973) have been widely used in counselling, education, nursing, social work, corrections, in business and in industry.

## **The developmental Process of helping**

The developmental process of helping begins with exploring where

one is, where you are. The two steps in exploring is i) exploring where you think you are and ii) where you really are. This leads to understanding i) where you want to be and ii) where one needs to be. Based on this understanding, action is taken by developing a programme to get to where one needs to be. The feedback provides if there is the need for further exploration.

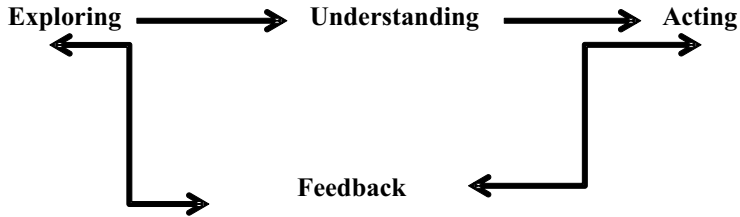


Figure: 1 Levels of Helping: Adapted from Carkhuff (1973).

### Phases of Helping:

#### Attending Skills

Attending is the lowest level in the helping process. As the helper engages in skills of attending, responding, personalizing and initiating with the client or help, through his/her involvement, exploring, understanding is able to reach the stage acting. The feedback may necessitate the commencement of the cycle if the need arises.

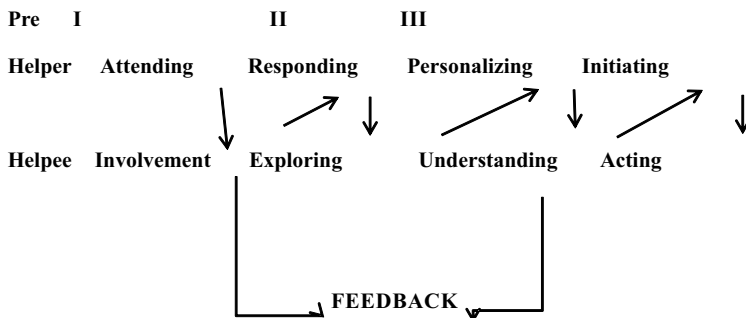


Figure 2: Phases of Helping Adapted from Carkhuff (1973).

#### Responding Skills

The goal of responding is to communicate empathy that is the act of entering the client's frame of reference and communicating an

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understanding of the client. Responding does not mean simply repeating the client's words. The helper must build his/her feeling words. He or she must also be able to respond to the content of what is said.

### **Personalizing Skills**

This is the act of relating the client's frame of reference to his/her goals. It communicates personalized statements to facilitate the client's understanding of where he/she is in relation to where he/she wants to be. It includes personalizing the meaning, the problem, the feeling and the goal. It involves laying an interchangeable base and personalizing (Carkhuff 1973).

### **Initiating Skills**

Involves developing a programme to reach a goal. Taking the client from where he/she is to where he/she wants to be. One needs to be familiar with the content before operationalizing the goals and establishing steps toward goals. The helpee may need to develop intermediary steps to avoid frustration in reaching goal.

Every helping process should end with some action step for the client. It may be simply to think about what was explored, reading an assignment or homework and each session between the helper and helpee should be seen as a full cycle of exploration, understanding and action.

### **Attending Skills**

### **Basic Helping Skills**

The Vice-Chancellor Sir, it is pertinent that the basic skills that must be used during the entire helping process, namely the attending and listening skills, are understood by the helper. Consequently, I will focus on this skill more than the other skills.

**Attending Skills:** The goal of attending is to communicate to the client that the helper is paying attention. This makes the client feel he/she is valued and worth being listened to. Carkhuff (1973) indicated that the helper can attend physically and psychologically.

Attending Physically: You attend physically when you square up by sitting shoulder to shoulder or at right angle if you have others present. Attending can also be by symbolic nourishing, i.e. one can attend to the basic physical need of the client by offering a glass of water or a cup of tea,

Attending Psychologically. it can also be psychologically when one communicates full and undivided attention and interest. The key ingredient to attending is listening, giving the client full undivided attention is preparation for listening

Cultural Issues in Attending and Listening:

It is to be noted that each culture develops rules for non-verbal communications, example is pattern of greetings and rules for non-verbal behaviour vary by culture. For example,

- (a) Staring at someone for too long is inappropriate in some cultures.
- (b) Standing too close to someone/grabbing someone's arm when talking may mean violation of one's personal space.

## **Types of Attending Behaviours**

### **Eye Contact:**

It is a key non-verbal behaviour, looking and gaze aversion are typically used to initiate and maintain communication. With a gaze, we can communicate intimately, interest, submission, or dominance (Kleinke, 1986). Gaze avoidance or breaking eye contact often signals anxiety, discomfort, or a desire not to communicate with other person.

Some cultural groups (American Indian, Aboriginal Australian groups) generally avoid eye contact, especially when talking about serious topics (Ivey, 1994). Helpers need to observe clients for discomfort associated with eye contact. Eye contact gives both the



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therapists and the client an opportunity to check out each other's behavioural expressions.

### **Facial Expression**

Darwin (1872) speculated that before prehistoric people had language, they communicated threats, greetings and submission through facial expressions. The face is probably the most important body area for non-verbal communication because we communicate so much emotion and information through our facial expressions (Harper et. Al. 19780). Many of the facial expressions appear to have similar meanings to people all over the world. Although different cultures share a universal facial language, may differ in how much they express emotion.

### **Proxemics**

Refers to how people use space and interactions (Hall 1968). Differences exist within cultures and acculturation to the dominant culture may influence client's contact with physical closeness. Individuals may vary in amount of distance that feels comfortable for them personally. In some cultures, people usually hug when greeting, this should not translate into hugging the client at the beginning and end of each session.



*In Figure 3. The helper and the client are too far apart.*



*Figure 4: The Helper and the helpee are too close for a counselling relationship*



*Figure 5: The distance between the two seems adequate but the table is an obstruction.*

### **Paralanguage**

Refers to the way in which things are said that seems to reflect emotions. It involves such behaviours as non-language sounds (e.g. moans, yells, laughing and crying) non words vocal styles and speech disturbances. (Stuttering, incomplete sentences, slips of tongues). A client who stutters is more likely to be anxious than another without these verbal distractors.

The therapist or helper may use minimal encouragers and acknowledgement to communicate attentiveness such as “minimum”, “head nods” and other non-verbal attending behaviours.

### **Interruption:**

People often interrupt each other because they are impatient to speak, another example is when people finish sentences for others. It is better to allow clients to express themselves at their own pace. Interruption is useful when client talks non-stop about non-therapeutic issues.

### **Silence**

This is a pause of at least few seconds after a client's statement or within a client's statement. Silence can be useful to allow clients time to think through what they want to say without interruption. Other clients may need time to cry before being able to talk again. It allows client to think without being pressured to say anything. Silence is not typically helpful when clients are very anxious.

### **Matching Grammatical Style**

The language used by the therapist must be appropriate to the cultural experience and educational level of clients. Meet your client within the range he/she is comfortable by modifying your language.

**Kinetics:** Refers to the relationship of bodily movements such as arm movements, leg movement and head nods to communication.

## **Types/ Categories of bodily movements (Ekman and Friesen 1969)**

**Head Nods:** Its appropriate use makes the client feel the helper is listening. Too few head nods can make clients feel unattended to. Too many can be distracting.

**Body Posture:** How we posture ourselves is a critical part of attending physically. Our posture communicates our readiness to respond to the clients needs. Often our thoughts and feelings reflect our posture. When we posture ourselves for our own comfort and convenience we tend to think of ourselves. When we posture ourselves to attend to others, we think of them.

**Facing fully:** A way of posturing to attend to the client is to face him/her fully. Face squarely, our left shoulder to the client's right shoulder and vice-versa. You attend fully when you incline your body towards the client. Leaning forward by the helper is recommended with the arms and legs uncrossed (Egan, 1994). Leaning posture conveys that the helper is paying attention. May not stay in this position too long so as not to appear rigid.

**Touching, symbolic holding:** Attending may involve physical contact, holding the client as permitted by the culture, religious affiliation etc. and it has to be relevant to the moment, also depends on the gender of the clients. One can hold a client when in a difficult moment, but one should refrain from touching if it will lead to possible misunderstandings.

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*Figure 5: A member in group session offers a handkerchief to another person crying*



*Figure 6. The group member in distress is also being patted gently at the back*

### **Note Taking**

It is not usually recommended that helpers take note during sessions as it reduces ability to attend to clients. Some clients feel suspicious and curious about what the helper is writing or not writing. However, note

taking is acceptable when the helper comes across something that should be remembered and it helps in recall by the helper. Egan (1994) suggested facing the client squarely, leaning toward the client, maintain moderately consistent eye contact, being relatively relaxed or natural. ( Hill and O'Brien) suggests maintaining moderate levels of eye contact (avoid looking away frequently or starring), using moderate amounts of head nods.

The helper needs to maintain a respect and awareness of cultural differences and avoid distracting behaviours (e.g. too much smiling, giggling, playing with objects).

### **Listening Skills**

Develop listening skills by placing yourself in such a way to avoid noises, views, people or anyone who can distract you from listening and by waiting a full 30 seconds before responding to the client's expressions. Things we sometimes say right away are usually different from what we say after waiting a while. Also attempt to repeat content of what the client says verbatim. Look for themes/commonality in what the client is saying and reflect on the content. It involves trying to hear and understand what the client is communicating.



*Figure 7: The helper is receiving phone call during counselling. She is not attentive*

## **The three-stage model of helping and behaviour change**

The helping process involves three stages:

- a) An Exploration Stage: Which involves helping the clients to explore their thought, feelings and actions.
- b) An Insight Stage: Which is helping the clients to come to understand their thoughts, feelings and actions and
- c) An Action Stage: Which is helping the clients to decide what action to take on the basis of their exploration and insight.

### **A) The Exploration Stage**

This stage depicts Carl Rogers Client Centered Theory (Rogers, 1967, 1980), that people are inherently good. What takes place in the exploration stage is largely influenced by Rogers theory of personality development and psychological change (Rogers, 1957, 1959) and (Rogers and Dymond, 1954)

### **Significance of Exploration Stage**

Exploration stage lays the foundation for the next two stages  
The goals of the exploration stage are related to establishing a relationship of trust. It gives the clients an opportunity to express their emotions. It is an opportunity to think through the complexity of their problems. Provides the client an opportunity to receive feedback. It provides the helper with an opportunity to learn more about their clients from the client's perspectives

### **Conditions Necessary for Change to Occur**

Rogers postulated six conditions necessary for change to occur (Rogers 1957) which are as follows:

- 1) The client and helper must be in a psychological contact, a therapeutic relationship or emotional connection between the two.
- 2) The client must be in a state of incongruence, there must be a state of discrepancy between self and experience that makes the client feel vulnerable or anxious.

- 3) The helper must be congruent (genuine) or integrated in the relationship
- 4) The helper must feel unconditional positive regard for the client. The helper values all feelings (although not necessarily all behaviours) and places no judgment on them.
- 5) The helper must experience empathy for the client, the helper tries to immerse herself/himself in the client's feeling world and understand the client's inner experiences.
- 6) The client must experience the helper's congruence, unconditional positive regard and empathy.

If the client does not experience these conditions, Rogers believe the session is not likely to be helpful.

Consequently in this exploration stage, helpers seek i) to establish rapport, ii) develop a therapeutic relationship with clients, iii) encourage clients to tell their stories, iv) to facilitate the client's exploration of their thoughts and feelings, v) to facilitate the arousal of client's emotions and vi) to learn about their clients.

Clients are likely to reveal themselves when they believe that they have a caring therapeutic relationship with their helpers. Clients need to feel safe, supported, respected, cared for, valued, prized, accepted as individuals, listened to and heard.

Other conditions necessary for change to occur according to (Frank and Frank, 1991), is emotional arousal. Helpers can assist clients in becoming aware of and able to experience their emotions.

## **B) The Insight Stage**

The second stage in the helping process is the development of insight. Elliot et.al (1994) described four typical aspects of insight which include:

- 1) Seeing oneself in a new light,
- 2) Making connections or understanding patterns, links, reasons, causes, categorizations, and parallels,



3) Having a sense of suddenness, feeling of surprise or “aha” experience where everything comes together all at once.

4) Experiencing a sense of newness or a feeling of making new discovery rather than just thinking in the same way.

The client experiences the following when they come into insight:

They suddenly see things in a new way or from a new perspective.

There is an understanding of why things happen as they do.

They attain their awareness of their role in perpetuating their problem

Freud believed that psychological problems are developmental and that resolutions can only be reached by obtaining insight into the problem.

Frank and Frank (1991) define insight as a reworking of the past that leads to the discovery of new facts, and a recognition of new relationships between previously known facts and a reevaluation of their significance. Hill & Obrien (1999) emphasized that insight must be emotional as well as intellectual to lead to action.

In the insight stage, the focus is on learning and change. The helpers provide clients with feedback about their behaviours and how these behaviours have developed and what functions they serve.

### **The importance of Insight**

The need to make sense out of events is fundamental to humans as the need for food and water. The client's interpretations of events determine subsequent behaviours and feelings as well as their willingness to work on certain topics in a helping setting. Consequently, Insight must precede action, action without insight is meaningless.

### **Goals for the Insight Stage**

The helper works with clients to construct new understanding. The client is assisted to determine his/her role in creating and maintaining their problems.

- One of the hallmarks of existence as human beings is to have an explanation for our feelings, thoughts and behaviours which the insight stage provides.
- Having an explanation (right or wrong) helps most people feel more in control of their world.
- In the insight stage, we search for clues regarding what motivates or hinders people from achieving their potentials.

The primary theoretical foundation for the insight stage is embedded in the psychoanalytic theory. The psychoanalytic theory began with Sigmund Freud and has evolved through many subsequent theorists such as Carl Jung, Alfred Adler, Eric Erikson and others such as Mahler, Klein, Horney, Sullivan, Bowlby, Winnicott, Kohut, Greenson, Basch, Fairbairn.

### **The beliefs of Psychoanalysts:**

The psychoanalysts believe that early childhood experiences are central to later functioning in life although they differ in which aspect of development they consider important.

### **The Therapeutic Goals of the Psychoanalysts include:**

Bringing unconscious processes to awareness and developing insight about one's feelings and behavior. The processes used to obtain these goals include:

- Analyzing transference and counter transference
- Working through unresolved issues
- Interpreting the materials presented by clients so that the unconscious becomes conscious.

### **Method of Counselling**

The basic techniques in therapy are i) Free Association ii) Transference and iii) Interpretation

- Free Association: Making the individual verbalize whatever is

in his/her mind especially about early trauma

- Transference: Re-enactment of previous relationships with people principally of the parent-child relationship
- Dream interpretation: The helper examines dreams, the reported dream itself is considered not important as the latent content or motivational conflicts symbolized in the reported dream. The dream could be a wish fulfillment but there is no symbolic or universal interpretation to its meaning.
- Paraphrases and Wit: Freud often explored paraphrases such as slip of tongue and wit or humour to understand unconscious motives.

### **C) ACTION STAGE**

The theoretical foundations for the action stage is behavioural and cognitive-behavioural theory, particularly as articulated by B.F. Skinner, Wolpe, Lazarus, Bandura, Ellis and Beck.

#### **Assumptions of cognitive-behavioural theories**

The various cognitive and behavioural theories share several basic assumptions (Gelso & Fretz 1992, Rimm and Masters, 1979). They focus on overt behavior (including cognitions) rather than unconscious motivations

- They focus on symptoms and what maintain them currently rather than what caused them.
- They posit that behavior (including cognition) are learned
- They emphasize the present as opposed to the past.
- They posit that the helper-client relationship is important but not sufficient for behavior change.
- They rely on empirical data and scientific methods in developing therapeutic interventions.

Cognitive theorists have suggested that irrational thinking keeps people from coping effectively and makes them unhappy. An example of the cognitive-behavioural theory is Albert Ellis Rational Emotive

Behaviour Therapy (REBT often called the ABC of psychotherapy).

A: This is the Activating or External Event

B: Is the Belief System (where iB stands for irrational belief & and rB is the rational belief).

C: Is the consequent affective emotions

The Cognitive Effect (CE) of disputing iB will lead to change in behavior.

### **Method of Counselling**

The precursor for the counseling approach can be traced to the saying of Epictetus, First Century A.D. who posits that “Men are disturbed not by things but by the view which they take of them”. Shakespeare (in Hamlet) posits that “There is nothing good or bad but thinking makes it so “. In counseling, REBT assists people in attacking their illogical thoughts. The relationship between irrational ideas and unhappiness is demonstrated. The client is assisted to change his/her thinking and abandon irrational ideas.

### **Skills used in Action Stage:**

**Information:** This is providing specific data, facts, resources, answers to questions, or opinions of clients.

**Direct Guidance:** Making suggestions, giving directives or providing advice on what clients should do, if clients have trouble generating ideas and action plans. Reliance on skills used in the two previous stages. Sometimes helpers lose sight of trying to help clients uncover their values and instead impose their own values on clients. There is need to help clients uncover their values.

### **Steps of the action stage**

- Explore Action: That is what the client intends to do about the problem
- Assess What the Client has Tried Before: That is, the strategy that the client has used in the past that has worked or has not

worked

- Set Specific Goals: i) the client indicates what he or she wanted to change, ii) the client describes his/her dreams for the future and iii) what changes would be needed to make the dream come true.
- Brainstorming Possible Ways to Reach Goals: This is the exploration of the alternatives the client has thought about.
- Exploration of the Different Options: This is exploration of options which seem most appealing and why? It involves the examinations of the client's values about the different alternatives.
- Decision on Actions: This is the client deciding on action to do immediately.
- Implementing Action: Teaching of specific skill to the client, e.g. behavior modification. Modifying actions on the basis of experience.

### **Giving Feedback:**

This is provision of feedback on the consequences of action. Helpers can also give clients feedback about their progress. Clients need to know how well they are performing. Corrective feedback can also be given.

Over all Step: The helper should give support throughout. The helper should also commend the client appropriately and provide a lot of encouragement throughout the action stage.

### **Termination**

Helping sessions do not continue forever (even in long term psychoanalytic therapy). Separation is inevitable. One goal of helping is to prepare clients to leave helping and become self-reliant.

### When to End Helping

Sometimes, the end is imposed by external time limits. There is

conscious effort to determine what can be accomplished with client in a limited number of sessions. However, in open-ended, long-term therapy, helpers and clients decide when they are ready to terminate the relationship. Most often, clients decide they are tired, and have reached the plateau and are ready for a break.

#### How to Terminate

Considerable time to be spent in planning and preparing for termination. Helpers are to discuss it and remind the client they are in the process of termination. Looking back – review with clients what they have learnt and how they have changed. Looking forward: The helper and client set a date for termination, Discuss future plans, discuss the next step for possible additional counseling. Saying Goodbye: Both share their feelings about ending and both say farewells.

#### Making Referral

Clients' needs are sometimes beyond what helpers are qualified or capable of delivering. When there is lack of expertise, referral to a more competent helper is recommended. In addition, clients might need referral for medication, long-term therapy or further assessment.

The technique in helping people change is embedded in the counselling method used by the helper which also stem from the view of human nature, and the counselling goal.

### **Contribution to Knowledge**

#### **A) Human Development Through Teaching**

By the Grace of God, I received the B.Sc. Ed. (Honours) in Botany and Zoology from University of Ife (now Obafemi Awolowo University), in 1971. I became a teacher in chemistry and biology at St. Marys' Girls Grammar School, Iwo, where within a short time, I attained the rank of Senior Science Teacher. I later proceeded for the graduate studies in 1974.

My Masters of Arts and the Doctor of Philosophy Degrees in Guidance & Counselling from the Department of Psychological

Services, were both received from Atlanta University, (now Clark-Atlanta University), USA in 1975 and 1979 respectively

My university teaching career began at the University of Ibadan in January, 1980 and I rose through the ranks to become a Reader in 1990. I have taught various courses in careers, counselling and psychology at the University of Ibadan, University of Botswana and now at Covenant University. I have a sense of fulfilment imparting knowledge to students. It is a thing of joy seeing them also rise through the academic ranks to the top and becoming colleagues with me.

Through the years, I have continued to mentor students at the undergraduate, Masters and Doctoral level. I have supervised over thirty masters projects, four doctoral theses and served as internal examiner to thirteen doctoral theses while at the University of Ibadan. Currently at Covenant University, I have supervised and still supervising doctoral students and I am also serving as College Examiner to other doctoral students.

### **B) Careers and Counselling Services :**

The University of Botswana Careers and Counselling Centre was established by the University on the 7th January 1993, following the Jarvis report of 1990 which recommended the need for such a Centre. The Centre was expanded in 1995 with more recognition given to Career Services hence the name became Careers and Counselling Centre. The Job Placement Unit later became another area given due attention in 2010 to cater for the growing need for graduate employability and the University Employability Strategy. The Centre now comprises

i) The Careers Unit, the Counselling Unit and the Job Placement Unit. The Centre provides services to students, staff and dependants of staff.

## **Areas of Operation**

### **a) Careers Unit:-**

This Unit helps to equip students with career related skills by providing services in:

- Career Information
- Career Counselling
- Career Exploration
- Job Search Skills
- Experiential Education
- Employment and Graduate School/Further Education Information and Services
- Provision of a variety of occupational tests and assessment and
- Engages in research on Career issues.

### **b) Counselling Unit:-**

The Counselling Unit provides:-

- Individual counselling to meet specific needs and ongoing problems of each client.
- Group counselling to meet the needs of a group of students with focus on specific issues of concern to the group or a variety of concerns to the group.
- Crisis Intervention for individuals with severe psychological and behavioural difficulties.
- A variety of testing and appraisal services to elicit data on clients during Counselling on request and
- Engages in research on various issues of concern to the clients served.

### **c) Job Placement Unit:-**

The Unit is to promote the employability and employment opportunities of University Students and alumni. It also:

- Widens and strengthens links with potential employers.
- Supports Staff already involved in employability skills



- programmes through collaboration and training.
- Encourages/develops the availability of work experience opportunities such as voluntary work and attachments and coordinates the University Student Employment

## **Careers Services**

### **1) Career Mentor**

As the Director of the Careers and counselling Centre and in collaboration with the Head of Computer Science, a Career Mentor was configured in 1994. Selected students from the Computer Science department working with me and the Head of department of Computer Science were provided relevant educational, and occupational information from which a software was developed for users seeking educational and occupational guidance, including the provision of occupational preferences for users after completing an on-line vocational inventory. The career Mentor was demonstrated to His Excellency Festus Mogae, the former President of Botswana during his visit to one of the Open Days held annually by the University.

### **2) Introduction of digital scholarship in career services**

The Centre also in 1995, introduced other on-line career services, on-line support group and on-line registration for career seminars and Mini Career Expo was initiated faculty level.

### **3) Job Placement Unit**

Following a needs assessment on the establishment of a Job Placement Centre and after conducting a focus group discussions on the relevance of the unit, the Job placement Unit (JPU) was established and became operational as a new unit within the Careers & Counselling Centre in July, 2010. The unit serves the university with high quality Job-placement related programs and services while advancing the mission and vision of the University of Botswana. The unit has an e-mail account & a web site which assist students with job placement related

issues. Since its establishment, the unit has collaborated with various employment agencies on recruitment of students and sharing of occupational information. The unit has played a pivotal role in the University Learning and Teaching Policy through seminars and other activities to help students build graduate attributes needed to enter the world of work. The unit has also contributed to the implementation of the University Graduate Employability Strategy through its various activities.



*Figure 9: The new Job Placement Unit (Careens & Counselling Centre Report 2010)*



*Figure 10: Students participating in an employer forum (Careers & Counselling Report, 2010)*

### **Counselling/Psychological Services:**

At the University of Botswana Careers and Counselling Centre, counselling services are provided to students, staff and staff dependants to overcome personal, social, and psychological problems. The services were also proactive, that is, it was preventative to equip students with information that will empower them to make right and informed choices. Significant and innovative services introduced included the following:

#### **i) On-Line Careers and Counselling Services**

As a way of diversifying its services, the Careers and Counselling Centre introduced On-line Careers and Counselling Services in the University Community with effect from April 2006. The On-line Services is to enable clients receive services when they cannot utilize face-to-face counselling. This approach is to provide services to clients who may not be comfortable sharing very personal information about themselves when it comes to revealing experiences of abuse,

trauma or an experience involving shame. It is also to cater for individuals with time constraints and are unable to schedule day time appointments in the Centre. The On-line Services is also to assist clients who are away from the vicinity of services and need assistance on any career or counselling issue.

The e-mail address for on-line career services is careers@mopipi.ub.bw while the email for counselling services is counselling@mopipi.ub.bw.

## 2) Telephone Counselling:

I initiated telephone counselling, toll free line for counselling and twenty four hours counselling services. I also developed service level standards for the provision of careers and counselling services. New marketing strategies in the delivery of services were also introduced under my leadership. I also engaged the community services through entrepreneurial projects in careers and counselling issues. Specialised training for Faculty Administrators, Academic Staff and others on the detection of alcohol abuse was also offered.

## 1) Peer Counselling Programme:

The University of Botswana Peer Counselling Programme started in January, 2004 with the training of 21 students. The peer counsellors were from all levels of study. The Peer counselling programme was based on the fact that students most often seek help from other students when they experience frustrations, concerns and challenges. The rationale to use peer counsellors to supplement the traditional counselling services was also based on the rationale that: 1) the number of certified professional counsellors is usually limited and the needs of students are more extensive than professional staff can handle. 2) Student facilitators are as accepted by student client as professional counsellors, 3) At times adults do not understand the straight forward language and customs of younger generation and peer counsellors can help bridge this gap, 4) Peer counsellors gain insight in

life skills by being facilitators 5) peer counselling programme facilitates proactive approach to guidance and counselling services . As a way of reaching out to students in the provision of relevant careers and counselling information and to address issues of concern to students, I introduced the production of flyers in the Centre. The flyers were easily accessible to students in strategic places. The available brochures developed on potential issues of concern included:

- Adjusting to University Life
- Alcohol and Drug Abuse
- Anger Management
- Attitudes
- Bipolar Disorder
- Conflict Resolution
- Coping with Physical/Sexual Abuse
- Coping with Stress
- Decision Making Skills
- Depression
- Eating Disorders
- Getting Along with Peers
- Grief and Bereavement Counselling
- Intimate Relationships
- Improving Marital Communication
- Overcoming Procrastination
- Self-Esteem
- Sexual Harassment

Most of these brochures have been translated into the national language, Setswana, for the benefit of clients from outside the University community.

Peer-Talk-Chat-On-line was initiated through the peer counselling. In the Centre, proposals for the introduction of a life-skill course run by the Centre was made. This was eventually merged with The First Year Experience seminar under the Student Affairs Division.

## **Research**

My early research activities in the University began in the 1980s with focus on issues related to counsellor's characteristics and preparation of students, the issue of giftedness and coping strategies. However, over the years, my research focus, especially in the 90s, was on issues related to psychosocial adjustment, behavioural problems of adolescents and health related issues. In the subsequent years with opportunities for collaborative research, my research have also addressed issues related to jealousy in relationship across cultures and hostile benevolent sexism across cultures.

In the last five years, my focus has been on Wellness and behavioural issues at the individual and community level. Future research collaborations are anticipated in the areas of wellness and behavioural issues. Consequently, my ongoing research includes communicable disease, genomic research and their psychological implications. In this lecture, while it may not be possible to outline contributions in each of my research, I intend to address the major themes in my research.

### **The study on Counsellor's Characteristics**

The study involved eighty subjects who were in the counselling training programme at the University of Ibadan. The study was designed to identify those characteristics believed to be ideal to a counsellor. The study was also designed to provide a base for the understanding and evaluation of acquired skill in the area of counsellor's characteristics.

The results revealed that the traits frequently mentioned were those in the client-centered theory of counselling such as empathy, understanding, accepting the client with unconditional positive regard.

The issues of listening, objectivity, and intelligent action on the part of the counsellor were also frequently mentioned.

The significant finding is that subjects seemed to put more emphasis initially in the counsellor-client relationship rather than the skill employed. Gender was seen to have affected the characteristics of an ideal counsellor as the female respondents were listing those traits that sometime characterize women in our society, thus suggesting that femininity or masculinity may affect one's conception of the ideal characteristic of a counsellor.

## **Career issues**

Career choices and decisions have implications for employment and occupational health of the individual. Some factors also make graduates unemployable; consequently, efforts need to be made to improve the employability of students. I have engaged in some studies in the nature of career services available in Botswana and the subsequent utilization of such services. I have also engaged on a consultancy study on the feasibility of career resource centres in Botswana and the extent of the utilization of career services available. With reference to my contribution in the area of career issues I will focus on two areas namely graduate employability and Career facilities.

### **a) Employer Satisfaction Survey**

Education significantly increases the chances of being employed, although a university degree is no longer a guarantee of finding a job. The employment prospects of graduates are of primary importance, not only to the individual graduates themselves, but also to the country at large (Malaysian Institute of Economic Research, 2006). It has been observed that with the increasing number of university graduates in

Botswana, the employment market is reaching saturation in some economic sectors, and has become fiercely competitive (Molokomme, 2006). However, it is difficult to judge whether unemployment is due to inadequate preparation of graduates for the world of work or the saturation of the job market. Also, according to a study conducted by Adeyemi (1997), it was the responsibility of the Directorate of Public Service Management (DPSM) to allocate graduates of tertiary institutions into various public service departments, parastatals and the private sector every year. Based on this study, only a few graduates were not allocated jobs, however, those waited for less than six months to find jobs in the public/private/parastatals, which shows that unlike today, they were only temporarily unemployed.

In Botswana, Siphambe (2003), also observed that training institutions run the risk of training graduates that are not appropriate for the labour market because they do not make any tracer studies of their graduates. He asserts that for most countries in the region, including Botswana, the economy then was unable to absorb all the output from the expanded education system. He further observes that, due to the increased supply of skilled manpower, and given the few jobs available, educated workers are filtered down into less skilled jobs. The labour market has responded by escalating the minimum requirements for jobs. This is despite Botswana's good economic performance as measured by the 5.4% (2006) annual growth rate. Consequently the Careers and Counselling Centre embarked on a study to ascertain the prevailing circumstance with reference to the employment of University of Botswana (UB) graduates.

The study specifically was:

- 1) To determine employment trends of the UB graduates
- 2) To assess the expectations and satisfaction levels of employers with the quality of UB graduates.
- 3) To identify employability skills required by the employers.

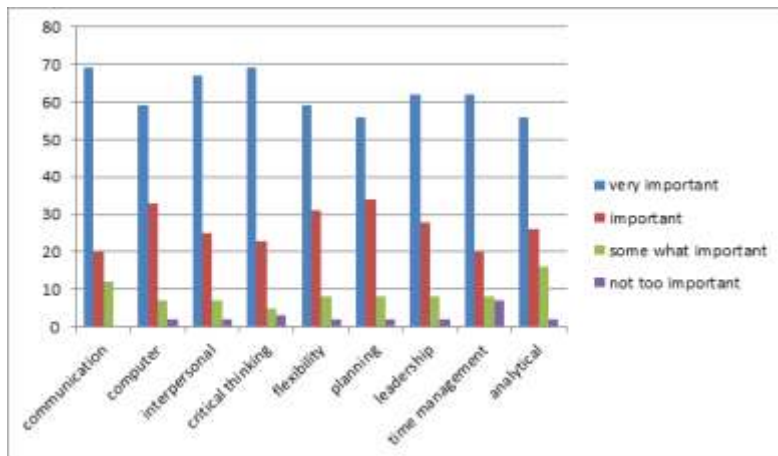
Two questionnaires were used for the study - the graduate supervisors'



questionnaire and the human resources manager's questionnaire. The supervisor questionnaire contained basic information asking respondents to rate preparation of graduates for positions, on various aspects and skills such as a) how important each was for a UB graduate in their organization to possess and b) how satisfied they were with the skill proficiency of graduates they had recently employed. The remainder of the questionnaire consisted of small number of Likert statements about transferable skills covering the importance of transferable skills, acquisition of such skills and graduates' demonstration of those skills at the time of recruitment.

## Data Analysis

### 3. Exploration of Skills Relevant to Employers/Organization



*Figure 8: Skills relevant to Employers*

In response to the relevance of certain skills to their employment setting, the supervisors rated the following skills as follows:

**a) Communication:** 69% of the employers rated the skills as very important, 20% as important and 12% as somewhat important.

**b) Computer:** The survey revealed that 59% of the employers rated the skills as very important, 33% as important, 7% as somewhat important and 2% as not too important.

**c) Interpersonal:** 67% of the employers surveyed rated the skills as very important, 25% as important, 7% as somewhat important and 2% as not too important.

**d) Critical thinking and problem solving:** The skills were rated as very important by 69% of the employers, 23% as important, 5% as somewhat important and 3% as not too important.

**e) Flexibility and adaptability:** The skills were rated very as good by 59% of the employers surveyed, 31% as important, 8% as somewhat important and 2% as not too important.

**f) Planning and organizational:** The survey revealed that 56% of the employers rated skills as very important, 34% as important, 8% as somewhat important and 2% as not too important.

**g) Leadership/management:** 62% of the employers rated the skills as very important, 28% as important, 8% as somewhat important and 2% as not too important.

**h) Time management:** The survey revealed that 62% of the employers rated UB graduates' possession of the skill as very important, 20% as important, 8% as somewhat important and 7% as not too important.

**i) Analytical and research:** 56% of the employers rated the skills as very important, 26% as important, 15% as somewhat important and 2% as not too important.

## Implications

The rate of unemployment for University of Botswana graduates calls for the University to enhance the job search skills of their graduates. The low rating on leadership and managerial skills calls for the University to explore ways of enhancing this skill through the curriculum. There is need for concerted efforts in finding out exactly

where the competition for jobs emanates from, which graduates are favoured among University of Botswana graduates. There is need to strengthen the link between University of Botswana and the industry so as to create a conducive environment for the recruitment of University of Botswana graduates.

### **Recommendations**

Based on this study, the following recommendations are suggested;

1. University of Botswana should expose their graduates to more practical skills/experiential learning rather than theory..
2. University of Botswana should employ a method of training that will better prepare graduates for the world of work.
3. Attachment should be compulsory for all students.
4. Attachments should be relevant to the programme of study.
5. Employer should contribute to the curriculum.

It is noteworthy that the University introduced a Graduate Employability Strategy to address the issue related to the employment of its graduates.

A similar mini pilot study was conducted with graduates of Covenant University (Odukoya, 2016). The problems that prompted this study were firstly, Employers' dissatisfaction with the quality of graduates produced by Nigerian Universities. Many present day graduates were described as half-baked; and secondly, Covenant University's concern about the performance of their graduates, which is an indication of the fulfilment of the institutions' vision and mission statements. The related findings noted that four [4] highest rated work skills/attributes, that were rated by Employers as 'very important' were: Communicative skill; Problem Solving skill; Basic Knowledge of Core concepts in the field of work and Conforming with Work Ethics, (Odukoya et al ). The sample size of this pilot study was small to make meaningful interpretation.

## **b) Feasibility Study on the Establishment of Careers Resource Centre in Botswana:**

I was commissioned by the Ministry of Education in Botswana in 1998 to undertake a feasibility study on the establishment of career resource centres in Botswana. The study among other things also:

- 1) Determined the present situation in Botswana, with regards to the nature of career activities and services provided by institutions in the country,
- 2) Assessed the career activities and services utilized by students and the level of satisfaction by youths in school and out of school.
- 3) Assessed the adequacy of career services in schools and
- 4) Determine if the findings support the establishment of careers resource centres

Data from the survey of institutions were analysed by academic level of the institution. The study revealed that the career services were adequate in areas such as acquisition of skills in writing job application, /cover letter, interview, self-knowledge, career talk and individual career counselling and group counselling. However, there was apparent inadequate career services and activities in areas such as vocational testing, field trip,/site visit, job shadowing.

In all the institutions surveyed (70), career facilities were not available in about 53% in the institution and only adequate in about 21% in those institutions where they were available. The study also revealed that less than 40% of the students in the schools surveyed were satisfied with the careers services and activities currently being provided.

The findings revealed that the establishment of Career Resource Centre would be beneficial if established in the country, (Alao, 2003). It is noteworthy that the career services of the future will rely more on life-long education and career development. The findings led to the

recommendation of the establishment of career centres for in and out of schools youths in Botswana and the establishment of such services in institutions of higher learning.

### **b) Alcohol and substance Abuse**

One of the risky behaviours engaged by youths in and out of school in Botswana, like most countries, is alcohol use and substance abuse. The University of Botswana, like any other University, has also noticed with concern the use and abuse of alcohol within its community.

There was also the debate on how to regulate the use of alcohol within the University community. Should the University be alcohol free? If allowed, should it be regulated for students but allowed for staff who are matured? These and other questions prompted the University to initiate a study that would provide the views of the University on alcohol use and other related issues associated with its use and abuse.

The objectives of the study were to determine: i) The extent of alcohol use within the various demographic variables in the University community; ii) The possible consequences of alcohol use in the university community and iii) How the abuse could be regulated within the University community.

The study comprised 735 subjects, 382 males and 353 females. There were 164 staff members in the sample population. The instrument used was a modified version of World Health Organization items dealing with alcohol, and subjected to expert/peer review, pilot testing and other psychometric properties.

The results revealed that the use of alcohol was a concern within the University and subjects have negative experiences of the abuse of alcohol. Specifically, 69% had their study or sleep interrupted, 53% were humiliated or insulted, 44% had to take care of a drunken colleague, 42% had engaged in serious argument/quarrel with drunken colleague, 25% had experienced blocking of road with vehicles, while 24% had experienced physical assault, 23% had experienced

unwanted sexual advance and 14% had experienced sexual assault from students under the influence of alcohol.

To determine if alcohol use and abuse has led to other risky behaviour such as substance abuse, the instrument included items in this area. In response to the use of substances, the study revealed that although, about three quarters 1188 or 72% of the university students in the sample never engaged in any drug practices, about one fifth 356 subjects or 21.6% have used alcohol, 49 or 3% have engaged in marijuana while 12 or .7% and 10 subjects or 0.6% indicated that they have engaged in the use of mandrax and cocaine respectively. The percentage involved in drug use although may appear small, it is still a source for concern in an academic setting.

The findings in this study led to the setting up of a Committee by the University, which eventually came up with the University of Botswana Alcohol and Substance Abuse Policy. The policy was approved by the University of Botswana Council on March 6, 2008 with the Director of the Careers and Counselling Centre as the policy administrator.

A comparative study in Nigeria (Makanjuola, Abiodun & Sajo, 2014) aimed at determining the prevalence and other predictive factors associated with alcohol and other psychoactive substance used among medical students of the University of Ilorin. The study noted that the most currently used substances were mild stimulants (19.4%), alcohol (12.5%), hypnotosedatives (3.4%), tobacco (1.7%), cannabis (1.7%), opioids (0.9%) and organic solvents (0.4%). These findings seem to suggest that the use of alcohol and substances is a challenge in tertiary institutions.

One palliative and symptom directed mode of coping is the use of alcohol and substance which in most cases can lead to abuse.

Unfortunately, alcohol and substance abuse is becoming a challenge even in youths for different reasons not associated with difficulties or challenges. Alcohol and substance use is also permeating our educational systems. The issue has to be addressed by various institutions of learning.

### **c) HIV/AIDS**

Within a short span of few years, the issue of HIV/AIDS has emerged as one of the most threatening health problems in different parts of the world. Its rapid spread throughout the world has given this disease health, social, ethical and educational implications. The Ministry of Health, Gaborone AIDS update of June 1992 noted that the first AIDS case was reported in Botswana in 1985. Subsequent AIDS cases have been provided by the AIDS/STD Unit in the Ministry of Health from time to time, including plans for the prevention and control. While some biomedical researchers have laid claim to finding the cure to the disease, these claims are still being challenged and disputed by others. Consequently, behavioural change through communication, education and counselling strategies aimed not only at the adult population but also the adolescent population in and out of school needs to be explored (Alao, Odirile and Kandji-Murangi, 1995).

The rationale for this study of the Knowledge, Attitude and Beliefs Related to HIV/AIDS among Adolescents in Secondary Schools in Gaborone, Botswana by (Alao, Odirile, and Kandji-Murangi 1995), was based on the fact that adolescents belong to a group that can be sexually active. It is also assumed that if sexually transmitted diseases are controlled among the sexual active adults in Botswana, mortality and morbidity among children of mothers who had contacted sexually transmitted diseases could be reduced, ( Alao, Odirile and Kandji-Murangi 1995).

Consequently, the study funded by the National Institute of Development Research and Documentation and the Centre for Graduate Studies and Research, University of Botswana, on behalf of the Swedish Agency for Research, Cooperation in Developing Countries (SAREC), enabled the researchers to engage in the study to:

- 1) determine the extent of the knowledge of adolescents in Secondary Schools to HIV/AIDS issues,
- 2) determine the prevailing attitude of adolescent students in Secondary Schools to HIV/AIDS issues
- 3) examine the extent the belief of adolescents on issues related to HIV/AIDS
- 4) determine the extent to which adolescents receive or hear information about HIV/AIDS
- 5) determine the frequency of discussion on HIV/AIDS between adolescents in Secondary Schools , their peers, parents and professional and
- 6) determine the most preferred source of information by adolescents on HIV/AIDS issues.

Findings:

- The findings revealed the need to increase the frequency of information supplied on AIDS to this group because of their developmental stage and to avoid the possible influence of negative peer pressure.
- The findings revealed that the discussion about HIV/AIDS between young adolescents and parents, friends, school mates teachers and the health workers or doctor appears inadequate. There is need or this group to feel free to discuss issues related to AIDS to update their information and to correct misconception from time to time.
- Adolescents in Secondary Schools in Gaborone preferred most to receive HIV/AIDS education from television, pamphlets, radio, parents, and then from the health clinics or hospitals.
- The subjects seem to have a moderately positive attitude to



individuals with AIDS and AIDS virus

- Adolescents in Secondary schools in Gaborone seem to have irrational belief about individuals with AIDS and AIDS virus.

This study and possibly others led to the release of information on HIV/AIDS to this group by various health organizations and significant others. Relevant information were also provided through audio-visual aids and the mass media.

One health issue of serious concern in Botswana is the issue of HIV/AIDS, consequently the Government of Botswana took a bold step in sensitizing the citizenry to this issue through a variety of approaches to reduce and subsequently eliminate the pandemic. The Centre where I was the Director was engaged in a number of research and awareness campaign and information dissemination.

#### **d) Death, Grief and Bereavement Study.**

Death is an issue every individual has to confront one time or another. The significance of death in the mental health of an individual becomes apparent when we see how some, touched by death, fall apart. It is an issue of concern to every age of our development.

In a study I conducted with subjects enrolled in institutions in Ibadan, which comprised 184 males and 152 females, the study revealed the following:

The subjects demonstrated a variety of emotions and adjustment patterns when confronted with the news of death, (Alao, 1984), in adjusting to loss, 56% of the subjects would want to face reality about the loss, about 38% would want to adjust through prayer, 5% would seek emotional support. In the evaluation of the support system usually found helpful, in adjustment, about 41% turn to family members. The respondents found other support systems helpful in this order: religious leaders, friends, and peers and elderly persons in the

community. About 2% of the subjects were unable to adjust. This study addressed the psychological dimension which is sometimes overlooked by the bereaved through the understanding of the reality of death, the acceptance of its pain, sorrow, loneliness that usually accompany it as part of the cycle of adjustment and the role of professional counselling was emphasized. The sources of support systems explored to deal with loss and the utilization of established support systems that can assist with dealing with grief and bereavement are important and have implications for effective coping. In another study on death, grief and bereavement by (Alao et. al 2010), the subjects were 1083 students of the University of Botswana. Out of 1083 students who were surveyed, the majority of them indicated that they had recently suffered loss. This study assessed the impact of loss of colleagues, friends, family and non-family members among university students..

Data for the study were generated from a Grief and Bereavement Questionnaire which was divided into three sections, namely (i) the personal and family details of the respondents, (ii) core bereavement items and (iii) coping strategies to loss adopted by respondents.

The instruments used for collecting data were:

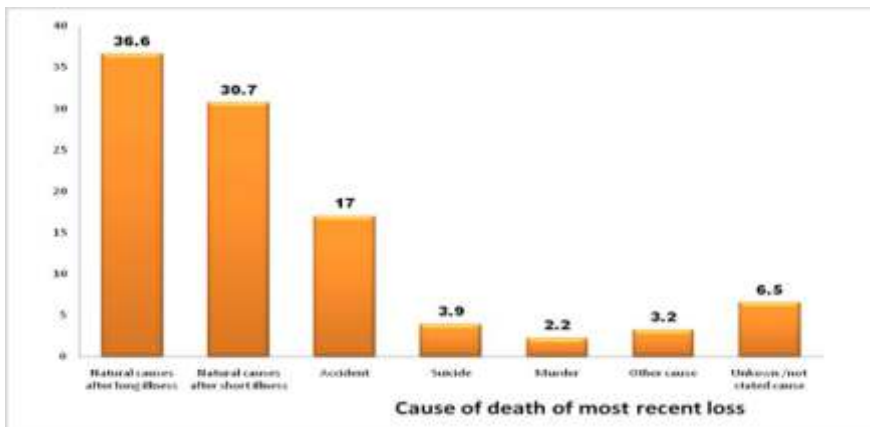
- (i) Core Bereavement Items by Burnett, Middleton, Raphael and Martinek (1997).
- (ii) Cope Inventory by Carver, Scheier and Weintraub (1989).
- (iii) General questionnaire to gather background information and capture specific items not covered in (i) and (ii).

### Findings

The preferences for support during bereavement as indicated by respondents were in this order: family members (78%), friends (46%), church/pastor (18%), Careers & Counselling Centre (5%) and the Health Clinic/Health and Wellness Centre (3%). About 40% (753

respondents) indicated that they experienced events surrounding the most recent loss from “always” to “quite a bit of time”, while about 38% (752 subjects) also indicated that the thoughts of the loss made them feel distressed.

The study revealed that the most frequently used coping strategies by students when reacting to loss and during bereavement were in this order: positive interpretation and growth, religious coping and acceptance. The study also revealed that the intensity of bereavement is strongly associated with the gender of the student, their mode of study, time interval between losses and the number of losses. The need for professional assistance of students who are coping with grief and bereavement was established. The implications of the findings for the support structures and counselling of students who are bereaved were highlighted.



*Figure 11: Causes of Death*

I Figure 9, cause of death of most recent loss, namely natural causes after long illness, natural causes after short illness, accident, unknown/not stated cause, suicide, other cause, and murder .Table 1 reveals the association between core bereavement among the subjects and related factors.

**Table 1: Tests of Association between Core bereavement among UB students and different demographic and related factors**

	Factors	df	Thoughts and images		Acute Separation		Grief	
			Chi-square	P-value	Chi-square	P-value	Chi-square	P-value
1	Gender of Student	3	17.41	0.001	14.59	0.002	20.98	0.000
2	Marital Status of Student	6	7.64	0.265	7.30	0.294	11.16	0.083
3	Age at the last Birth day	9	17.15	0.046	7.88	0.546	11.07	0.271
4	On Campus Status	3	2.17	0.539	4.08	0.253	0.99	0.804
5	Are You Studying Full Time or Part time	3	9.59	0.022	15.67	0.001	13.80	0.003
6	Ethnic/Racial Background	3	3.69	0.297	2.89	0.410	1.78	0.619
7	Religious Affiliation	6	8.56	0.200	7.84	0.250	6.02	0.421
8	Marital Status of parents or guardian	6	3.97	0.680	8.67	0.193	3.57	0.735
9	Years since most recent bereavement	1 2	35.30	0.000	31.11	0.002	31.95	0.001
10	Total number of family bereavements	9	51.91	0.000	72.20	0.000	40.35	0.000
11	Total Number of non-family bereavements	9	26.31	0.002	28.17	0.001	20.61	0.015
12	Total number of bereavements	6	40.26	0.000	43.32	0.000	30.46	0.000

Relatively few respondents used substances (17%) or laughing, joking and making fun of the situation (19%) as a coping strategy. Behavioural disengagement (27%) and denial (29%) were also used by a minority of respondents.

Each of the remaining eleven strategies were used by more than half of the respondents. The most frequently used were positive

reinterpretation and growth (73%), religious coping (71%) and acceptance (70%). Table 22 to 28 further revealed findings on core bereavement and various demographic variables of participants.

The study promotes the understanding of the impact of grief and bereavement on the University of Botswana's students, their coping strategies, and adjustment patterns. The findings are consistent with other studies of loss and grief among students of institutions of higher learning (Reid and Dixon, 2000; Servanty-Sieb and Hamilton, 2006). The results of the present study show that the University of Botswana students, like their counterparts elsewhere, have experienced grief and bereavement due to death of a parent, a relative, a friend or someone they knew. According to literature (Worden, 1995; JRF Findings, 2005 and Reid and Dixon, 2000), grief can affect the bereaved individual both physically and psychologically; rendering him/ her depressed, anxious, lonely, exhausted and unable to concentrate on his/ her studies.

In spite of the cause of death or the relationship to the deceased, students in this study report some difficulties ranging from distress to preoccupation with images and memories of the deceased that force them to explore and utilize different coping strategies, in order to mitigate the painful feelings.

The students in this study report exploring and utilizing different coping strategies; among them instrumental support, venting of emotions, religion, and positive reinterpretation and growth, which is used by 73% of the respondents.

Furthermore, the findings show that there are differences in coping. For example, regarding gender differences, the results of this study indicate that males and females differ significantly in their use of focus on and venting of emotions. This is consistent with other studies (Milke and Thoits, 1993; Hobfill, 1998; Burker, Evon, Sedway and Egan 2005 and Mphele 2006), which reported that females are more

expressive about their feelings than males who have an inexpressive and stoic style of responding to stressors.

The differences in coping may also be due to differences in the experience of the intensity of the thoughts and images of the deceased reported by males and females. Contrary to the findings of other studies (Glass and Flory, 2009; Horton and Wallander, 2001 and Danaff-Burg and Huggins, 2000), which reported significant gender differences in the use of other strategies such as instrumental social support, active coping, denial, and religious coping, this study did not show any differences regarding the aforementioned strategies. However, the numbers of losses seem to be significantly related to the students' use of instrumental support. This seems to suggest that students who have experienced more losses tend to look up to the resources around them for emotional, cognitive and material support necessary to master their stressful experiences (Calan, 1994).

Also, none of the other studies reviewed exposed the relationship of mode of study and residence with grief and bereavement, there seems to be an important connection. More part-time students (17%) reported using venting of emotions while only 8% of full-time students do. The differences here may be due to the amount of stress endured by the part-time students who may also have to work while studying to support their families.

The findings of the study indicated that the University of Botswana students are also impacted by grief due to different causes. It is also clear from the study that males and females differ significantly in the way they deal with grief. Gender differences were also significant in the intensity of the impact of grief. The mode of study and residence are also important for students' styles of coping.

While the study has revealed that some subjects employ healthy strategies of coping with their loss such as positive reinterpretation, spirituality and acceptance of the loss, others use unhealthy ways of

coping with grief such as use of alcohol and substance abuse and behavioural disengagement. They should, therefore, use treatment plans which will reveal any such strategies and help the client to employ appropriate coping strategies. Crisis counselling services need to be available in institutions of higher learning to assist students who will need such services. Relevant support services need to be visible to students undergoing various challenges including grief during bereavement.

Based on the findings of the study, Institutions of higher learning need to;

1. Continue to provide psycho-education on “Coping with Loss and grief” to empower students during loss.
2. Continue to support students who are grieving.
3. Properly structure the services within institutions for crisis intervention.

It is important for institutions of learning to identify non-effective coping strategies adopted by the students and to promote those coping strategies that are more effective.

#### **e) Suicidology:**

The value attached to life may change in an individual when he or she is faced with problems in which the individual cannot cope, or when life has lost its meaning to the individual. According to Blatt, (1995), Collins and Angen, (1997), and Dixon, Heppner, and Rudd, (1994) the meaninglessness of life maybe due to several factors such as depression, family conflict, stressful life events, and conflicting cultural and value systems. These factors may individually or collectively impact negatively on confidence and self-esteem, increasing the individual's vulnerability to personal and public criticism, (Blatt, 1995). Such an individual may eventually embark on a self-destructive behavior resulting in suicide.

**a) Suicidal Ideation**

This is the presence of thoughts, plans, and wishes to commit suicide in an individual who has not made any recent actual suicide attempt. An individual with such plans and wishes is a suicide ideator. Assessment of suicidal ideation is important because such ideation may precede an attempt (Beck, Davis, Frederick, et al., 1972, and the content of the ideation may indicate the seriousness and lethality of the intention. Barraclough and Pallis (1975) distinguished between 3 types of suicide attempts, i) those who want to die, ii) those who want to be unconscious and get away from their mental distress for a short while and iii) those for whom it is an appeal or an attempt to mobilize or seek the attention of others. It is those in the first group who are by far the smallest group that are most likely to commit suicide.

The general purpose of the study is to investigate suicidal ideation among University of Botswana students and to explore what could lead to the intention to commit suicide. The study will focus specifically on:

- 1) University of Botswana students with the intention to examine those problems or issues that could lead to suicidal ideation.
- 2) Suicide attempts within this population.
- 3) Methods used during suicide attempts
- 4) Attitudes of the students towards suicide attempt and suicide.



## Results

Table 1: Problems that have led to feeling of ending life by gender (Male respondents)

	Yes		No		Total	
	Count	Percent	Count	Percent	Count	Percent
Family problems:	117	20.8	446	79.2	563	100.0
Loss of close person	96	17.5	454	82.5	550	100.0
Relationship problems:	92	16.8	454	83.2	546	100.0
Educational/Academic difficulties	86	15.8	457	84.2	543	100.0
Financial problems:	76	14.0	468	86.0	544	100.0
Other(s)	51	10.3	444	89.7	495	100.0
Terminal diseases	48	9.1	481	90.9	529	100.0
Unemployment	34	6.5	488	93.5	522	100.0
Influence of alcohol/drug abuse	25	4.8	500	95.2	525	100.0
Mental disorder	25	4.8	494	95.2	519	100.0

Table 1 shows problems that led to feelings of ending life by gender. Among the males, the following variables were found to lead to feelings of suicide ideation, in descending order. Family problems were identified by 20.8% or 117 respondents, loss of a close person was identified by 17.5% or 96 respondents, relationship problems were indicated by 16.8% or 92 respondents, education/academic difficulties were identified by 15.8% or 86 the respondents, financial problems were indicated by 14.0% or 76 respondents. Other variables

ranged between 5% and 9% of which other problems have lead to feelings of suicide ideation. Therefore, the likely causes of suicide ideation among the subjects are issues of a social nature such as family issues, relationship issues and loss of a loved one.

Table 2: Problems that have led to feeling of ending Life by gender (Female Respondents)

	Yes		No		Total	
	Count	Percent	Count	Percent	Count	Percent
Family problems:	182	30.1	422	69.9	604	100.0
Relationship problems:	157	27.4	417	72.6	574	100.0
Loss of close person	148	26.3	414	73.7	562	100.0
Educational/Academic difficulties	92	16.6	462	83.4	554	100.0
Financial problems:	64	11.9	476	88.1	540	100.0
Other(s)	47	9.8	431	90.2	478	100.0
Terminal diseases	37	6.9	500	93.1	537	100.0
Unemployment	34	6.4	494	93.6	528	100.0
Mental disorder	31	5.7	511	94.3	542	100.0
Influence of alcohol/drug abuse	16	3.0	511	97.0	527	100.0

Table 2 shows the females rating on problems that are more likely to lead them to feelings of ending their life. Among the females, the top five variables that create feelings of suicide ideation in descending order are;

1. Family problems with 30.1% or 182 respondents.
2. Relationship problems with 27.4% or 157 respondents.
3. Loss of a close person with 26.3% or 148 respondents.
4. Education/Academic difficulties with 16.6% or 92 respondents.
5. Financial problems with 11.9% or 64 respondents.

## Findings

The study revealed that the issues of most concern, or problems that have led to suicide ideation among the male subjects were family problems, loss of a close person, and relationship problems. Among the female subjects, the order was family problems, relationship problems and loss of a close person. The age group 20 - 24 years was the group indicating family problems as the most common source of suicide ideation.

Suicide ideation is very often in 2.3% of the subjects and often in 3.1%, while suicide ideation is sometimes felt by 29.6%. With reference to suicide attempts, 12.5% have attempted suicide and more females, 14.8%, compared to males 9.9%, have attempted suicide. The most common methods used in suicide attempts by female subjects were drug overdose and poisoning, while hanging, and use of fire arms/poisoning were utilized by male subjects in their attempts.

About half of the subjects indicated that there could be a reason for one to end his or her life. Nevertheless, the subjects agreed that ending one's life does not solve any problem and hurts the survivors. Some of the subjects have also engaged in the use of alcohol, 21.5%, marijuana, 3.0% and other drugs to a limited extent. The study has also revealed that the subjects have suicide ideation and some have attempted suicide, hence the need for protective and preventive measures to address suicide ideation and suicide attempt.

Against this background, it is very important to set up preventive and protective measures to guard against suicide ideation, suicide attempt or suicide. Preventive measures would target the factors that predispose one to think of ending one's life. Remedial measures should also be provided to address those who had reached the level of suicide ideation or are thinking of ending their lives due to ongoing problems

they are encountering.

The preventive measures may include training in self-esteem, social connecting especially with family and friends, sustaining social support, and religious or spiritual commitment, and provision of recreation facilities. These activities would bring in feelings of engagement, sense of wellbeing, belongingness, worthiness and a purpose of living. It is not uncommon for clients with feelings of suicide to question the purpose of living, and to see life in general as being uneventful.

It would be helpful for all staff who handle student welfare matters within the University to have some level of competence in recognizing students in distress and refer appropriately. As part of orientation, students should be informed as to where they can receive help when they are in difficulty or distress. Such areas should not only include physical contacts, but could also include accessing help from a hot-line and internet. Health and Psychosocial services on campus should be easily accessible in terms of time, location and professional outlook. There should be some literature in condensed form readily available for picking by students at some strategic locations.

The students also need to improve their help seeking behaviors by taking advantage and utilizing the various centers where their needs and problems could be addressed.

Whereas it may appear that the percentage of subjects with suicide ideation and those who have attempted suicide may be low as indicated in this study, suicide ideation and suicide attempt deserve our serious concern as an institution of learning. Suicide ideation can also affect effective functioning of students, thus interfering with their learning. Consequently, there is need to engage students in activities and provide services that would discourage suicide ideation or suicide attempt.

### **b) Suicide in Botswana A Decade of Review:**

In 1989, the World Health Organisation (WHO) identified the increasing rate of suicide as an important area of public health and set guidelines for member states to halt this trend, recommending that the problem be addressed as a public health priority, that national preventative programmes be developed and national co-ordinating committees be established, (WHO 1990). There is need to determine the rate and trend of suicide in every country so that its trend could be monitored and appropriate measures taken as suggested by WHO. Although suicide has increasingly become prevalent in Botswana, no study has been done since 1988. This study would increase our awareness of triggering precipitants to suicidal events in Botswana. This awareness would allow helping professionals in the country to buffer or preventively intervene specifically to the influences that may be observed with regards to suicidal intent and act. The results of this study would be more essential to inform and generate prevention and treatment programmes.

This study thus seeks to investigate the rates and trends of suicide within and between communities in Botswana. More specifically the study seeks to find out why and how people kill themselves and to formulate strategies to respond to this issue of concern.

### **Objectives of the Study**

The study seeks specifically to:

- 1) determine the prevalence of suicide in Botswana according to various demographic variables such as age, gender, geographical location, socio-economic status and related cultural influences.
- 2) determine the epidemiological trends in suicidal behaviour in Botswana

- 3) determine the style of suicide utilized by attempters and completers in the country.
- 4) identify various factors that predispose individuals to suicidal behaviour in Botswana.

The literature on causes of suicide can be divided into three broad areas. These areas are researches which focus on (a) biological theories, (b) psychological theories and (c) sociological theories in the explanation of suicidal behaviour. However, some research on suicide have also focused on a combination of these theories.

The psychological theories of suicidal behaviour seem to focus on personality, emotional variables, cognitive variables, and intrapsychic processes. Prominent among the behavioural and cognitive theories of suicide is the theory of Rush and Beck (1978) which emphasized the role of cognitive errors and distorted thinking in suicidal behaviours. An individual who engages in negative thoughts about himself/herself, about others and the future, and who feels hopeless about a situation or event may display suicidal behaviours.

The subjects in this study were suicide completers in the country from 1992 to 2002. The subjects were 1235 suicide completers, 988 or 80.0% were males and 233 or 18.9% were females while gender was not indicated in 14 cases or 1.1% of the sample. Most of the subjects 56.8% were from age 34 and below. The subjects were mainly Botswana with a few other nationals.

Table 1 indicates the frequency of suicide by gender.

During the period of 1992 – 2002 under review, out of the 1235 cases recorded nationally, 988 or 80.0% of the suicides were committed by male subjects, 233 or 19.1% were committed by female subjects while

the gender of the remaining 14 suicide subjects was not stated. The ratio of male to female suicide was hence 4 male suicides to every female suicide.

Table 3 indicates the frequency of suicide by gender. During the period of 1992 – 2002 under review, out of the 1235 cases recorded nationally, 988 or 80.0% of the suicides were committed by male subjects 233 or 19.1% were committed by female subjects while the gender of the remaining 14 suicide subjects was not stated. The ratio of male to female suicide was hence 4 male suicides to every female suicide.

Table 3: Records of suicide by gender (1992-2002)

Gender	Frequency	Percent	Response Percent
Male	988	80.0	80.9
Female	233	18.9	19.1
<b>Total known</b>	1221	98.9	100.0
Not Stated	14	1.1	
<b>Total</b>	1235	100	

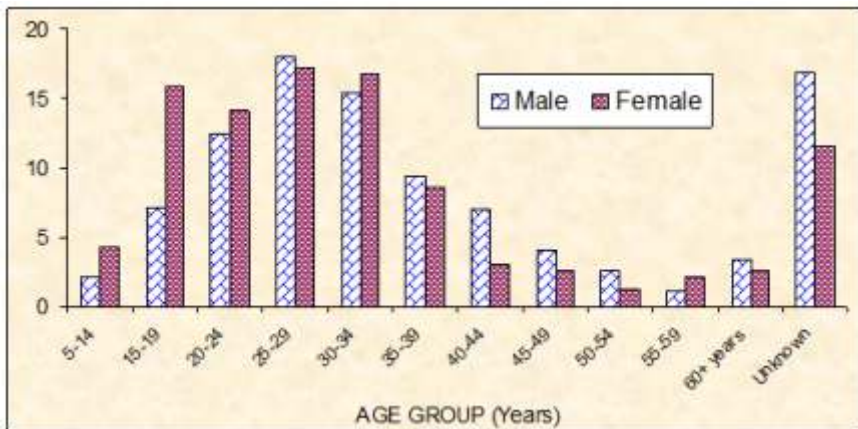


Figure 12: Age distribution of suicide victims by gender from 1992 to 2002.

## **Findings**

1. The study has revealed that suicide is more common among men compared to women in Botswana. For both sexes, there has been increase in suicide rates.
2. Whereas suicide is seen to cut across the life span, its trend and rate among youth (age 12 to 29 years) is a concern as this group constituted about two-fifth of the victims.
3. Suicide is more common among subjects who are single compared to those who are married or co-habiting.
4. Suicide in Botswana is more prevalent among subjects with no formal education than with subjects with secondary education and below compared to subjects with higher educational level.
5. The rate of suicide between victims who were employed and those unemployed was similar.
6. Most of the victims who committed suicide fall under the low income level.
7. Higher suicide rate was recorded for victims from both parent families compared to single parent families.
8. Relationship problems, family problems and mental disorder were the most prevailing causes of suicide among victims.
9. Hanging is the means of suicide frequently used by victims.
10. Very few victims sought and utilized different helping resources available to them prior to committing suicide.

## **Contributions of this study to Knowledge**

The rate and trend of suicide in Botswana suggests the need to treat suicide as an important area of public health requiring guidelines to halt its trend.

The identified prevailing causative factors of suicide which were relationship and family problems, and mental disorder, stress the need to accord the family the importance it deserves. There is the need to strengthen the family and provide opportunities to improve



relationship skills with access to mental services for individuals who need such services was observed. Demographic variables on suicide victims in a decade was provided.

## **CONCLUSIONS**

### **Can two walk together except they Agree?**

The helping relationship is comparable to the situation about two people about to go on a journey. Both must bear responsibility for the journey.

Starting the journey: First and foremost, the two, that is the helper and the client must both agree to begin the journey i.e. the helping relationship. Rogers (1957) stated that in a helping relationship, the client and helper must be in a psychological contact, a therapeutic relationship or emotional connection between the two. Also the client must be in a state of incongruence, there must be a state of discrepancy between self and experience that makes the client feel vulnerable or anxious on the other hand, the helper must be congruent (genuine) or integrated in the relationship.

There is a mutual consent here to begin the journey and there is no coercion to walk together in the journey which is an important characteristic of the helping relationship..

Purpose of the journey/goal of the Relationship: It is assumed that the journey must lead somewhere which to the client is a behaviour change.

Utilization of Techniques in the helping relationship: There must be a trust that the person leading i.e. the helper knows the way. He or she also has the expertise and is aware of various techniques to be used that will lead to the behaviour change. This is to say the person leading the journey knows the direction.

Relationship enhancers: As the journey progresses it is expected that the helper will display appropriate relationship enhancers to improve the quality of the helper-client interaction, (Kanfer and Goldstein

1986). This interaction or relationship can be defined in terms of the three components indicated as i) liking, ii) respect and iii) trust. The successful enhancement of these components can lead to greater influence and subsequently greater client change, (Kanfer and Goldstein 1986).

With reference relationship enhancers, Rogers (1957) indicated that the helper must feel unconditional positive regard for the client and the helper must value all feelings. Also the helper must experience empathy and understand the client's inner experiences. The client must experience the helper's congruence, unconditional positive regard and empathy. Should the client be unable to experience these conditions, Rogers believed the relationship session is not likely to be helpful. This places a demand on the role and responsibility of the client as they proceed on the journey for change.

Helper Characteristics: Relationship can also be enhanced by the helpers' expertness, and other attributes mentioned earlier in this lecture such as empathy, warmth, a sensitivity to others, ability to analyse objectively another's strengths and weakness, an awareness of the nature and extent of individual differences and ability to identify learning difficulties, a sensitivity to others, ability to analyse objectively another's strengths and weakness, an awareness of the nature and extent of individual differences and ability to identify learning difficulties to mention a few. As the journey progresses the helper not only demonstrates his/her helping characteristics to the client, the client is also able to perceive these traits in the helper.

End of Journey/Termination. The journey of two walking together usually ends when they get to the destination. Similarly the helping relationship also ends when there is behaviour change, both the helper and the client then terminate the relationship.

## **RECOMMENDATIONS:**

The Chancellor Sir, In this inaugural lecture, many helping characteristics have been discussed. While it may not be possible for a helper to possess all characteristics enumerated, it is possible for the helper to keep updating his skills and learn techniques that will lead to behaviour.

Knowledge of attending and listening skills are recommended for personnel who deal with students in a University setting on regular basis, especially when they engage in mini helping relationship.

### **The Employee Satisfaction Survey:**

The study revealed that the employers know what they want from graduates in terms of skills, hence frequent interactions between university and employers would help improve graduate employability. It becomes imperative for our Universities to expose their graduates to more practical skills/experiential learning rather than concentrating on theory.

Attachment relevant to every programme of study to be made compulsory for all students.

Nigerian Universities should be mandated to have a Graduate Employability Strategy that will address the issue related to the employment of their graduates.

It will be helpful if institutions of higher learning maintain a study of their graduate destination. It creates both a strong alumni base and a marketing strategy for prospective students.

### **Career Resource Centres**

Institutions of higher learning need to maintain a visible Career and Placement Office or Centre to help students begin to develop the rudiments of career life and development.

Students in a University setting need a Unit where they could have access to career information, career counselling, career exploration,

job search skills, experiential education, employment and graduate school services. This Unit will be an important link between the students and employers.

In fact, a Careers and Counselling Centre is a must for all institutions of higher learning. The rationale being that as the primary educational function of the university takes place in the lecture rooms, learning also occurs beyond the lecture hours, in the halls of residence, in relationships students established and other experiences students go through. University students also need services that will enable them acquire and develop positive attitudes, gain insight and understanding about themselves, their environment which are necessary for optimal growth.

### **Alcohol and Substance Abuse:**

Students are sometimes found engaging in risky behaviour such as alcohol and substance abuse, consequently, institutions of learning must have in place proactive and preventative measures and services with opportunities for referral and rehabilitation. This risky behaviour has been documented in other institutions of higher learning in Nigeria. Its incidence at the lower levels of education in Nigeria will also need to be explored and appropriate interventions put in place.

### **The grief and bereavement study**

The findings suggest that students do experience emotional pain and some do employ unhealthy and inappropriate coping strategies. A proper structure of crisis intervention in every institution will be helpful.

### **The study on suicidology**

The findings revealed that suicide can happen at any age, among students and at national level. The understanding and awareness of suicide trend in every nation, including Nigeria, will enable each

country address the issue and plan its remedy.

The goal of this study is to determine the various factors associated with suicide with the aim to provide useful suggestions that could prevent this behaviour.

The recommendations suggested for Botswana based on the decade review of suicide in the country applies to Nigeria as well, namely:

1. The need to continue to provide adequate demographic variables on suicide victims so that its trends could be monitored and understood.
2. The need to change the public's attitude to suicide,
3. The need for counselling services, psychiatric services to a more positive attitude in utilizing these services where necessary, through educational programmes, information and communication.
4. The need for Manuals on antecedents of suicide prevention and management to be readily available.
5. The need for the Provision of opportunities to acquire skills in problem solving, interpersonal relationship, conflict resolution, building self-esteem.
6. The need to regulate the media reporting on suicide and not making suicide cases sensational. Details of location or method used are to be avoided and sources of help should be provided to readers with each media report on suicide.
7. The need for the provision of a National Suicide Prevention Programme if there is none in existence.

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## References

- Adeyemi, M. B. (1997). An Investigation into Graduate Unemployment in Botswana. National Institute of Development Research and Documentation (NIR).
- Alao, et al. (2005). Suicide Rate and Trend in Botswana - A Decade Overview, 1992 – 2002. (Study conducted by the Careers and Counselling Centre and funded by the Office of Research and Development, University of Botswana, Gaborone, 70pp.
- Alao, et al. (2005). Suicide Ideation and Attitude to Suicide attempt and Suicide among University of Botswana students. Study conducted by the Careers and Counselling Centre and funded by the Office of Research and Development, University of Botswana, Gaborone, 83pp.
- Alao, A. A (2001). *The frequency of Discussion on HIV/AIDS among Adolescents in Botswana*. In Roswith Roth and Sandra Neil (Eds.) *A matter of Life: Psychological Theory, Research and Practice*, Lengerich, Berlin, Riga, Rom, Wien, Zagreb, PABST Science Publishers pp. 84-91.
- Alao, A. A. (1984). Sex and Exposure to Death and Dying as Determinants to Coping with Bereavement. *Psychology for Everyday Learning: A Nigerian Journal of Applied Psychology*, Vol. 3, No 1, April, 131-142.
- Alao, A.A. (1980). *A Comparative Perception of Counsellor Characteristics by Practicum Students in a University Setting*. **The Counsellor**, Vol. 3, Nos. 1 and 2, pp. 16-26.



Alao, A. A. (2002). *Fostering Career Development of Youths in Botswana: The Role of Employers*. In Anna Laura Comunian & Uwe P. Gielen (Eds.). **It's all About Relationships**. Lengerich, Berlin, Riga, Rom, Viernheim, Wien, Zagreb, PABST Science Publishers, pp. 227-231.

Alao, A. A. (2003) *Improving Career Services in Botswana Through Career Resource Centres*. In Roth R., Lowenstein, L. and Trent, D. (Eds) **Catching the Future: Women and Men in Global Psychology**, Lengerich, Berlin, Riga, Rom, Viernheim, Wein, Zagreb, PABST Science Publishers, pp. 53–62.

Alao, A. A. (2003). *Improving Career Services in Botswana through Career Resource Centres*. In Roth R., Lowenstein, L. and Trent, D. (Eds) **Catching the Future: Women and Men in Global Psychology**, Lengerich, Berlin, Riga, Rom, Viernheim, Wein, Zagreb, PABST Science Publishers, pp. 53–62.

Alao, A. A. (2007). *Alcohol Use in Universities: Analysis of Trends at the University of Botswana*. In Sherri McCarthy., Stephen Newstead., Victor Karandashev., Carto Prandini., Claudio Hutz and William Gomes, (Eds.). **Teaching Psychology Around the World**. Cambridge Scholars Publishing, Newcastle, NE5 2JA, UK, pp. 439-457

Alao, A. A. (2007). *Fostering the Rights of Youth at Risk: Counselling Implications*. In Sherri McCarthy., Stephen Newstead., Victor Karandashev., Carto Prandini., Claudio Hutz and William Gomes, (Eds.). **Teaching Psychology Around the World**. Cambridge Scholars Publishing, Newcastle, NE5 2JA, UK, pp. 427-438.

- Alao, A. A. et al. (2005). Appraisal of Career Services offered at the University of Botswana. Study conducted by the Careers and Counselling Centre and funded by the Office of Research and Development, University of Botswana, Gaborone, 60pp. (Coordinated Study as Principal Researcher).
- Alao, A. A. Forcheh, N. Roy, H. and Tidimane, C. (2004). Alcohol Use and Abuse at the University of Botswana Campus. Study conducted on behalf of University of Botswana and funded by Institutional Research, University of Botswana. Gaborone, pp.40.
- Alao, A. A., Pilane, C.D., Mabote, M. M., Setlhare, K. et.al. (2009). Employer Satisfaction Survey of University of Botswana Graduates. *International Journal of Contemporary Issues in Education and Psychology*, Vol. 1 No. 3, pp.17-34.
- Alao, A.A., Odirile, L.W., and Kandjii-Murangi I. (1995). Knowledge, Attitude and Beliefs Related to HIV/AIDS Among Adolescents in Secondary Schools in Gaborone, Botswana. A research project funded by the National Institute of Development. Research and Documentation and the Center for Graduate Studies and Research, Faculty of Education, University of Botswana, on behalf of the Swedish Agency for Research Co-operation in Developing Countries (SAREC).
- American Association for Counsellor Education Supervision (1964). Washington. USA.
- American Psychological Association (1997). *Community Psychology*. Washington DC. USA.

- Australian Psychological Society (1998). Psychologists' good thinking.
- Bandura, A. (1969). Principles of Behaviour Modification. New York: Holt, Rinehart, & Winston.
- Barraclough, B., Bunch, J., Nelson, B., and Sainsbury, P. (1974). A hundred cases of suicide; clinical aspects. *British Journal of Psychiatry*, 125, 355–373.
- Bartholomew, L. K., Parcel, G. S & Kok, G., (1998). Intervention Mapping: a process for designing theory-and-evidence-based health education program. *Health Education & Behaviour*, 25, 545-563.
- Beck, A.T., Davis, J.H., Frederick, C.J., Perlin, S., Pokorny, A.D., Schulman, R.E., et al (1979). Assessment of suicidal intention.
- Benjamin, A. (1974). *The Helping Interview*, 2nd Ed Boston Houghton Mifflin Company.
- Blatt, S.J. (1995). The Destructiveness of Perfectionism: Implications for Treatment of Depression. *Journal of the American Psychological Association*. Vol. 50, No. 12 December.
- British Psychological Society (2003). *The Division of Clinical Psychology*. Leicester.
- Canadian Psychological Association (CPA, 1996). *Definition of Clinical Psychology*. Montreal, Canada.

- Careers and Counselling Centre Report, University of Botswana, Gaborone, Botswana.
- Carkhuff, R. C. (1973). *The Art of Helping*. Human Resources Development Press, Inc, Amherst, Massachusetts USA.
- Carkhuff, R. R. and Benson, B. G. (1967). *Beyond Counselling and Psychotherapy*. New York: Holt Rinehart, & Wiston.
- Carver, C. S., Scheier, M. F. & Weintraub, J. K. (1989). *Cope Inventory*.
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretical approach. *Journal of Personality and Social Psychology*, 56, (2) 267-283.
- Collins, S. & Angen, M. (1997). *Adolescents Voice their Needs: Implications for Health Promotion and Suicide Prevention*. *Canadian Journal of Counselling*. Vol. 31, No. 1 January.
- Darwin, C, R (1872). *The expression of the emotions in man and animals* (1st e d.). London: John Murray.
- Davis, K. (1997). *Emphasizing strength, counselling psychologists* In Sernberg R. (Ed) *Career Path in Psychology*. A P A. Washington.
- Dixon, W. A., Heppner, P.P., & Rudd, M.D. (1994). Problem-solving appraisal, hopelessness, and suicide ideation: Evidence for a mediational model. *Journal of Counselling Psychology*. Vol. 41, No. 1 April.
- Duncan, P. & Cribb, A. (1996). *Health Education Research Theory & Practice* Vol 1, No 3, pp. 339. 348.

- Egan, G. (1994). *The skilled helper* (5th ed) Monterey, C A: Brooks/Cole.
- Ekman, P. & Friesen W. K. (1969). Non-verbal leakage and clues to deception. 32, 88-106.
- Erikson, E, H. (1952). The effects of psychotherapy: An evaluation *Journal of Consulting Psychology*, 16, 319-324.
- Frank, J. D. & Frank, J. B. (1991). *Persuasion and Healing: A comparative Study of Psychotherapy* (3rd e.d) Baltimore: Johns Hopkins University Press.
- Freud, S. (1963). Psychoanalysis in P. Reiff (Ed.). *Character and Culture* pp 230-251 New York: Colliver (Original work, published in 1923).
- Gelso, C, J, & Fretz, B, R, (1992). *Counselling Psychology*, Orlando, FL: Holt, Rinehart & Winston.
- Glass, K. and Flory, K. (2009). Are coping strategies, social support, and hope associated with psychological distress among Hurricane Katrina survivors? *Journal of Social and Clinical Psychology*, 28(6), 779-795.
- Hall, E.T. (1968). Proxemics, *Current Anthropology*, 9, 83-108.
- Health Education Authority (1993). *Giving up smoking; Dues Patient Education Workshop-Summary*, Health Education Authority, London.
- Hill, C. E., & O'Brien, K, M. (1999). *Helping Skills: Facilitating, Exploration, Insight and Action*.

- Hobfoll, E. E. (1998). *Stress, culture, and community: The psychology and philosophy of stress*. NY: Plenum Press.
- Horton, T. V. & Wallander, J. L. (2001). Hope and social support as resilience factors against psychosocial distress of mothers who care for children with chronic physical conditions. *Rehabilitation Psychology*, 46, 382-399.
- Hovland, C. I., Janis, L, L & Kelly, H. H. (1953). *Communications and persuasion: Psychological Studies in opinion change*. New Haven, CT Yale University Press.
- Iscoe, I. (1997). *Researching out: Community Psychology*. In Sernberg R. (Ed.) *Career paths in psychology*. A P A. Washington.
- Ivey, A. E. (1994). *International Interviewing and Counselling Facilitating Client Development in a multicultural society* (3rd ed.) Pacific Grove, CA: Brooks/Cole.
- Jarvis, R. (1990). *Report on the Establishment of a Counselling Centre, university of Botswana, Gaborone, Botswana*.
- Jung, C. G. (1984). *Dream Analysis*, Princeton, NJ Princeton University Press.
- Kanfer, F. H. & Goldstein, A. P. (1986). *Helping People Change. A Terextbook of Methods*. Pergamon Press New York.
- Kleinke, C. L. (1986). Graze and eye contact: A research review. *Psychological Bulletin*, 100, 78-100.
- Lazarus, S. (1976). *Patterns of Adjustment*. McGraw-Hill, New York, USA.

Mahler, M, S. (1968). *On human symbiosis of the vicissitudes of individuation*, New York. International University Press.

Malaysian Institute of Economic Research (2006). Retrieved from <http://www.mier.org.my/>

Milkie, M. A. & Thoits, P. A. (1993). Gender differences in coping with positive and negative experiences. Department of Sociology, Indiana University, Bloomington, IN. Unpublished manuscript.

Molokomme, A. (2006). Graduation Speech, University of Botswana, 14 October,

Mphele, S. B. M. (2006). a relationship among stress, coping styles, and alcohol use among college students in Botswana. Adler School of Professional Psychology, Chicago, Illinois. Unpublished doctoral dissertation.

Odukoya, J. A., Alao, A. A., Adejuwon, G., Adekeye, O.A., Gesinde, A., Igbokwe, D., Sholarin., A., Adeusi, S., Elegbeleye, A. & Olowookere, E. (2016) Employers' Perception of Covenant University Graduates. *International Journal of Library & Educational Science*. (IASSET:IJLES) Vol. 2 Issue 3 April-May.

Prochaska, J. O. & DiClemente, C. S. (1984). *The Trans-heretical Approach: Crossing Traditional Foundation of Change*. Don Jones, Homewood. IL.

Rimm, D, C, Masters, J, C. (1979). *Behaviour therapy and empirical findings*, New York: Academy Press.

- Rogers, C, R, Dymond (1954) *Psychotherapy and Personality Change*, Chicago, IL: University of Chicago Press.
- Rogers, C. R. (1959). A theory of therapy, personality, interpersonal relationship as developed in the client-centered framework. In S. Koch (Ed.) *A study of Science: Vol 3 . Formulation of the person and the social context*. Pp 184-256. New York.
- Rogers, C.R (1957) The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 2, 93-103
- Rush, A.J. and Beck, A.T. (1978). Cognitive Therapy of Depression and Suicide. *American Journal of Psychotherapy*, 32, pp.201-219.
- Saeed, H. W. (2005). *Family Community Medicine* 12 (2) pp. 63-70.
- Servaty-Seib, H. L. and Hamilton, L. A. (2006). Study: Grief has Impact on College Students' academic Performance. *Journal of College Student Development*, 47.2, 225-234.
- Shertzer, B. and Stone, S.C. (1980). *Fundamentals of Guidance*. 2nd (ed.) Boston, Houghton Mifflin.
- Siphambe, H. K. (2003). Understanding Unemployment in Botswana. *The South African Journal of Economics*, Vol. 71 (3).
- Skinner, B, F. (1953). *Science and human behavior*. New York Macmillan.
- Skinner, B. F. (1938). *The Behaviour of Organisms: An experimental*



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analysis. New York. Appleton-Century-Crofts.

The Holy Bible, New Kings James Version (Amos 3; 3).

Vander Linden, S. (2013). "A response to Dolan. In Oliver (Ed)" PDF, pp 209-2015.

Vocational Guidance Association (1949). Washington D.C. USA.

Wolpe, J, (1958). Psychotherapy by reciprocal inhibition. Paolo Alto, CA: Stanford University Press.

World Health Organisation (1990). Consultations on strategies for reducing suicidal behaviours in European region. Summary report. Geneva.

# INAUGURAL LECTURE SERIES

(March 24, 2011 - April 13, 2017)

1. The 1<sup>st</sup> Inaugural Lecture titled: “*Code Malaria: Eradication Developments for the Decade*” by Professor Ezekiel Adebisi of the Department of Computer and Management Information Sciences. March 24, 2011 (Vol. 1 No. 1)
2. The 2<sup>nd</sup> Inaugural Lecture titled “Mono-Metallic Reforming Catalyst Life and Mortality: A Replica of human Life and a Panacea to Better Health” by Professor James Omoleye, Department of Chemical Engineering March 29, 2012 (Vol. 2 No. 1)
3. The 3<sup>rd</sup> Inaugural Lecture titled “Language Engineering and the Destiny of Man in Africa” by Professor Charles Ogbulogo, Professor of English and Dean School of Postgraduate Studies April 19 2013 (Vol. 3 No. 1)
4. The 4<sup>th</sup> Inaugural Lecture titled “Microbial Life in the Presence of Carbon and Oxygen: Consequences for Man” by Professor Louis O. Egwari, Professor of Microbiology, Department of Biological Sciences and Director, Covenant University Centre for Research and Development February 14, 2014 (Vol. 4 No. 1)
5. The 5<sup>th</sup> Inaugural Lecture titled “Sustainable Engineering: A Vital Approach to Innovative Productive Development and Community Capacity Building” by Professor Israel Dunmade, Professor of Sustainable Engineering, Department of Mechanical Engineering February 19, 2016 (Vol. 5 No. 1)
6. The 6<sup>th</sup> Inaugural Lecture titled “Bastardisation of the Templates of Industrial Relations practice in Nigeria: All

Actors in Employment Relationships are Accusative and Censurable” by Professor Olufemi J. Adeyeye, Professor Industrial Relations and Human Resource Development, Department of Business Management March 18, 2016 (Vol. 5 No. 2)

7. The 7<sup>th</sup> Inaugural Lecture titled, “Deconstructing The National Development Agenda: The Role of Information And Communications Technologies (ICTS)” by Professor Charles K. Ayo, Professor of Computer Science & MIS, Department of Computer and Information Sciences. October 21, 2016 (Vol.6 No.1)
8. The 8<sup>th</sup> Inaugural Lecture titled, “What Does This Text Mean? Stylistics And The Process Of Interpretation.” by Professor Christopher Awonuga, Professor of Stylistics, Department of Languages and General Studies. March 31, 2017 (Vol.6 No.2)
9. The 9<sup>th</sup> Inaugural Lecture titled, “Can two walk together except they agree? A psychological perspective of a journey of a helping relationship and behaviour change” by Professor Amos A. Alao, Professor of Counselling Psychology, Department of Psychology. April 13, 2017 (Vol.6 No. 3)







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