

Quantitative Study on the Preferred Mode of Counselling in Botswana: Group Versus Individual

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Abstract : Counselling is one of the evidence-based interventions intended to help people process the psychosocial challenges they face in day-to-day life. It is considered an effective service to help people cope with mentally draining issues. Often people facing various psychosocial challenges seek counselling and are referred by family members or employers for psychosocial support in the hope of finding relief, addressing emotional dysregulation and processing related issues. Therefore, counselling can be helpful for people experiencing various stressors such as divorce, grief, loss of a job, financial problems and many other socio-economic challenges. Often, two modes of counselling are used by psychotherapists and counsellors; Individual and Group counselling. The main purpose of this study was to establish the most preferred mode of counselling in Botswana, determine the fears individuals have towards Group counselling and examine why Botswana are uncomfortable with counselling. The findings of this quantitative study revealed that majority of Botswana prefer individual counselling as opposed to group counselling. The study deployed a quantitative research method and collected quantitative data through the use of a questionnaire. An online survey was conducted through Google Forms and the Google link for the questionnaire was shared on social media platforms such as Facebook, LinkedIn and WhatsApp. Respondents consented online and only 100 respondents took part. The study established that people have fears of accessing group counselling due to confidentiality concerns. The authors of this article conclude that the majority of Botswana prefer individual counselling to group counselling, provide recommendations for creating awareness, and clinical supervision of counsellors and suggest possible future research areas.

Keywords: 1. Botswana, 2. Botswana, 3. Counselling, 4. Group, 5. Individual, 6. Preference, 7. Ethics.

Introduction

Extensive research has been conducted on counselling over decades on different approaches, counselling methods, underpinning theories, Modes or formats of counselling and their effectiveness, but very little research appears to have been directed towards exploring individual preferences towards these methods of

counselling. Studying the preferences of the beneficiaries of the counselling service plays a vital role in assisting counsellors to be able to adequately cater for the needs of their clients and increases the chances of providing effective client-focused counselling (Maree & Molepo, 2004). There are different and conflicting definitions of counselling but despite conflicting definitions, the majority of authors agree that counselling is a therapeutic assisting relationship between a counsellor and a client with the ultimate goal of helping the client regain emotional equilibrium and/or a well-balanced functioning.

These definitions make it abundantly evident that the counselling process is guided by a helpful paradigm and involves a facilitator and a person in need of therapeutic support (Wyllie, 2024). Counselling methods in the context of this research refer to the different modes, techniques or ways in which counselling is delivered, that includes group counselling, and individual counselling.

Group counselling is a form of therapy which assumes that people benefit from shared experiences. It usually focuses on a particular issue such as grief, coping with addictive behaviours (substance use disorders), gambling disorders, coping with a tragic incident as a group such as company restructuring and retrenchment and many other situations (Suchiang, 2021).

On the other hand, individual counselling is a method of bringing about change in an individual by helping them explore their feelings, attitudes, thinking patterns and behaviour. It is a process whereby an individual meets with a professional counsellor/therapist to help process personal psychosocial issues one may find psychologically difficult to cope with. The process helps develop positive coping strategies and personal goals for growth and emotional resilience (Suchiang, 2021; Wyllie, 2024).

Statement of the Problem

Despite extensive empirical evidence supporting the benefits and effectiveness of group therapy, Botswana seem to gravitate more towards individual counselling and appear to avoid group counselling at all costs. The Question is Why?

Significance of the Study

Several attempts were made by counsellors to provide group counselling in organizations that had sourced out services for the provision of both group and individual counselling to employees post-COVID-19 given the death rate of some employees, relatives and some family members. Companies believed that it was necessary to provide mental health services to employees who were affected by grief, bereavement and loss. However, employees preferred accessing individual counselling as compared to group counselling, as such group counselling ended up being discontinued. It is upon this background that this quantitative study was inspired with

the hope of establishing what counselling mode was the most preferred in Botswana and the possible reasons behind it.

Therefore, this quantitative study was deemed significant towards stimulating dialogue among mental health service providers, creating awareness of the benefits of the two modes of counselling, as well as creating awareness of the advantages and disadvantages of both individual and group counselling. Similarly, the study aimed at establishing the extent of the phenomenon, to encourage further research on this area, and indirectly, it is hoped that the study will reduce stigma towards group counselling and encourage Botswana to seek help when facing mental health challenges.

Research Aim

The purpose of this quantitative study was to establish which mode of counselling Botswana preferred most between individual and group counselling, and what their reasons were for their preferences.

Objectives

To establish the most preferred mode of counselling in Botswana

To determine the fears individuals have towards Group counselling

To examine why Botswana are uncomfortable with counselling

Research Questions

Q1. What is the preferred method of counselling in Botswana?

Q2. What fears do individuals have towards accessing Group Counselling?

Q3. Why are Botswana uncomfortable with Counselling?

Method

The study adopted a descriptive quantitative survey research design, data collection was by structured questionnaire uploaded on Google Forms and the link was shared on social media platforms as well as through WhatsApp groups for people aged 18 to over 60 years old who had access to the internet to respond to the questionnaire. Botswana is a tiny country with an estimated population of 2.588 million (World Bank, 2021) and 2,490,596 (Worldmeter, 2023). However, the recent census shows a significant decline to 2,346,179 (Statistics Botswana, 2022).

Sampling and Population

The study targeted 150 respondents from different gender orientations; male, female and any other gender they may identify with. The questionnaire used a 5-point Likert scale with responses from 'strongly agree', 'Agree', 'neutral', and 'disagree' to 'strongly disagree'. The first part of the questionnaire collected demographic data which included gender, age, marital status and occupational status.

The study population targeted citizens of Botswana drawn across the country through social media, the sampling technique deployed simple random sampling. According to Tenuche (2018), online studies have shown that only a small percentage of social media users contribute to discussions and sharing of information and experiences online, hence, though 150 participants were targeted for the study sample, only 100 people responded to the survey giving us a response rate of 66.7% out of the 150 that were given the survey link.

Limitation of the Study

Tenuche (2018, p. 54) opined that; “Information system is in itself a multidisciplinary field, and the nature of research carried out in IS tends to be complex”, hence, that may have become a limitation to the study as it excluded those who did not have access to the internet, and thus had no access or interest in social media platform, this may have resulted in limited participation. The study also excluded those under the age of 18 years. The use of a single research method presents a limitation in this case as only quantitative data was used and respondents’ lived experiences and perspectives were excluded. The small size of the sample of 100 participants could have equally impacted the findings of the study. Similarly, since positivist study findings are solely based on quantifiable measures of variables, hypotheses testing and drawing inferences, there may have been limitations emanating from the positivist paradigm approach to the study.

Theoretical Framework

This study was underpinned by the Socio-Cognitive model and the Social Cognitive Theory (SCT) that assumes that individuals’ behaviour and desire to participate emanate from personal cognition and one’s environment.

The theory sees behaviour as greatly influenced by expected outcomes; “what’s in it for me”, “what do I stand to gain” way of thinking as well as one’s self-efficacy (Tenuche, 2018; Castelfranchi & Falcone, 2010). The Socio-cognitive model assumes that beliefs are intertwined and influenced by one’s motivation and personal goals often leading to affectivity and being goal-oriented and valuing consequential social effects on relationships (Castelfranchi & Falcone, 2010). Similarly, relevant to this study was the theory of Trust, Trust is a set of beliefs that individuals develop based on assumptions that other people’s behaviours are reliable, honest and without negative intentions towards others. Hence, individuals develop trust knowing that there are no ulterior motives and intentions towards them and that they will not be taken advantage of by others based on their situation.

Suffice it to say, where there is trust, there will be no fear but complete comfort around personal and professional relationships; especially in counselling. However, where there is a lack of trust, people develop “fear” and become “uncomfortable” due to the possibility of one using another’s vulnerabilities to their advantage whilst

disadvantaging others” (Castel franchi & Falcone,2010; Tenuche,2018; Zhao, Abrahamson, Anderson, Ha & Widdows, 2013).

Trust creates comfort and confidence in behaviours among members, and therefore, it is critical where counselling has to be done in a group setting to build rapport, create group bonding and build trust in the counselling relationship and the counselling process. Similarly, where clients do not trust the therapist, chances are they may not open up to fully participate. In a work-related environmental setting, possibilities are that colleagues fear sharing in the presence of their supervisors, subordinates or just other colleagues due to trust issues and how they will be perceived for being vulnerable. Trust hinges on group norms and on whether or not people have the ability to adhere to rules of engagement, group values, and ethical principles. It is simply the understanding by group members and each member’s commitment to a set of rules, ethics, goals and beliefs held by a group; and often fears interfere with trust, and lack of trust creates fear and discomfort(Tenuche,2018; Zhao et al.,2013).

Data Collection and Analysis

Responses were collected through Google Forms links shared on social media, imported to Excel and analyzed through IBM SPSS. According to Tenuche (2018, p.16) online studies “are mostly descriptive as opposed to being driven by theory”. Therefore, a descriptive data analysis technique was deployed in this study. The survey had only 7 items and respondents had to choose from the provided 5 Likert scale possible response options “strongly agree”, “agree”, “neutral”, “disagree”, and “strongly disagree”. The questionnaire was deductively developed as no instrument was available for adaptation.

Ethical Assurances

The risks of participating in the study were kept minimal and efforts were made to ensure that participants’ identities were not revealed by making participation anonymous. Despite being an online survey, confidentiality was ensured in such a way that respondents’ names and email addresses were not shared or displayed to the public. Emails and names were only used to send the survey link and make follow-ups. Most participants used links posted on social media platforms, therefore, they participated anonymously. The data collected was kept in password-encrypted devices and only the researchers could access the data to ensure confidentiality. Respondents were not coerced, deceived, manipulated or incentivized to participate (Wyllie,2024). Permission was sought and confidentiality was explained to participants on the survey platform, and they understood that by clicking on the link they were agreeing to take part, and that they had the right to discontinue if they chose not to take part in the study.

Literature Review

Definition of Counselling

According to the American Counselling Association ([ACA], 2022), counselling is a professional connection that enables different people, families, and groups to achieve their goals in mental health, wellness, education, and employment.

Individual Counselling

When an individual, family, or couple seek counselling, they meet with a qualified professional counsellor to process their issues, reflect on what they could have done differently, assess their strengths and limitations, emotional self-awareness and emotional self-expression in a non-threatening environment to develop goals and problem-solving skills as well as develop better coping strategies, effective communication skills and come up with ways of resolving their problems and issues of conflict (Setiawan, 2011). Additionally, Individual counselling provides new opportunities to express emotions and opinions, to be heard and to obtain new perspectives on their circumstances. The aim is for people to identify and work toward obtaining their intended goals through engagement with their counsellor (Setiawan, 2011).

Counselling can take the form of individual or group counselling. In both modes, the counselling process may also be referred to as psychotherapy, talk therapy, or treatment. It is a process whereby a client accesses one-on-one therapy with a qualified counsellor in a secure, non-threatening, conducive and private environmental setting to work towards change through exploring the client's feelings, attitude, thinking patterns, and behaviour (Meyers, 2014). It is often called one-on-one or face-to-face counselling whether it's done in person or through e-therapy/e-counselling (virtually) or in-person physical presence.

There are various benefits and/or numerous advantages derived from individual counselling that include but are not limited to; helping one understand their emotions, aiding one in identifying their strengths and weaknesses, encouraging one to explore new ways of thinking, helping one to identify irrational or distorted patterns of thinking that may influence one's emotions and behaviour (Palmer, 2000). Similarly, in the process of sharing problems with a counsellor, the clinical counselling process helps the client to reflect on their coping strategies and help to develop new, better and positive coping strategies, in so doing, one can determine their goals and become self-motivated to ultimately achieve them (Palmer, 2000).

On the other hand, just as individual counselling has advantages there are some limitations associated with it which may render it less suitable for some individuals, especially in situations where the client may become overly intimate and too attached to the counsellor which may lead to unhealthy dependency and cases of transference and counter-transference (Hagerty, 2022). At times the counsellor may have inadequate

competencies on how to deal with the client's presenting issues, in that case, a referral is often used.

On the other hand, some clients may just talk to the counsellor and not make any efforts towards changing their situation and hence develop a dependency. Moreover, individual counselling may typically be costly as compared to standard rates charged in group therapy. Similarly, individual therapy does not create an opportunity to converse with others who may be going through a similar situation to help the client realize that the challenge experienced is not unique to them and that other people experience similar challenges in life and gain a social support system. Moreover, for some individuals counselling may not be suited to their personalities and some may occasionally feel overly intense (Hagerty, 2022).

Group Counselling

Group counselling is a form of therapy in which several people often with similar challenges meet with one or more therapists/counsellors in one setting. It is often facilitated or co-facilitated by therapist(s), however, since everyone in the group is dealing with comparable problems, input from other group members is highly valued (Corey, 2014). One of the basic tenets of group counselling is to demonstrate that problems are not unique to one individual by bringing together people who are experiencing similar problems.

A typical group counselling usually accommodates approximately 5 to 15 people, and more than one mental health professional may be the convener and facilitator (Hagerty, 2022).

Although group therapy isn't suited for everyone, it can have a positive impact on those with suited personality traits, needs and objectives. Some of its positive impacts may include the fact that; it can help raise one's self-esteem through helping others, create a conducive forum for practising social interaction skills without worrying about rejection or criticism, it can be easier to put one's issues in perspective by viewing them through a different lens of listening to other people's problems. Group therapy also creates a sense of belonging, and can help one to realize that they are not alone, moreover, a group setting provides an opportunity to mimic the dynamics of a relationship, family, or other groups in a secure, non-threatening and controlled environment since one's challenges might involve relating with other individuals (Orenstein, 2014).

Despite its numerous benefits, there are a set of disadvantages associated with group therapy; some of which may lessen its effectiveness if one has specific needs and priorities or a personality that is not suited to the format. It is not always possible for one to get direct feedback since the counsellor's focus is split among members of the entire group, and this implies that; there is limited individual emphasis and less scope for direct input from the therapist. All counselling methods place a high focus on confidentiality and respect for individual privacy, but with group counselling, there is

no assurance or guarantee that everyone in a group will adhere to confidentiality. Moreover, one may have to allot more time each week for therapy because group therapy sessions frequently take longer than individual time for therapy sessions; therefore, the aspect of time may become an issue for some, especially in a “closed group” format (McRae, 2013).

There are several factors to consider when examining people’s preferences towards counselling methods such as; culture, gender, stigma, knowledge, experience, accessibility, character traits and personalities (Cooper, Norcross, Raymond-Barker, & Hogan, 2019). Culture plays a key role in how people view group counselling, and whether or not one feels comfortable in a group setting, especially in a country like Botswana which has rich cultural traditions. Traditionally in Botswana, contemporary counselling was not given much regard as it was a new phenomenon, and the society followed cultural practices of extended family structures to provide guidance and counselling. Therefore, when people encountered problems, they talked to Uncles and aunts, visited traditional healers or consulted the family elders who are believed to possess wisdom gained through years of experience. It was taboo for family problems to be shared with strangers (airing dirty linen). This tradition created room for negative attitudes and prejudice towards contemporary “modern” counselling, it encouraged Botswana to fear accessing counselling in general due to cultural beliefs of secrecy (Rudow, 2013).

Similarly, there is a significant amount of stigma surrounding gender and counselling. Botswana men are not forthcoming when it comes to seeking counselling because of beliefs and issues around ‘masculinity’ that imply that culturally men are expected to be physically strong and emotionally stable enough not to cry, as crying is associated with emotional weakness. As a result, males’ mental health needs are often neglected. Culture and traditions demand strength from male individuals as protectors, providers and heads of the family. Gender roles have left no room for vulnerability in males, and hence the Setswana saying that; ‘Monna ga a lele’ (a man does not cry) (Rudow, 2013).

Counselling is still a relatively new phenomenon in Botswana, so when it comes to knowledge and experience Botswana are still lagging. Literature reveals that knowledge has a great influence on attitude and behaviour, suffice it to say that the presence or absence of knowledge determines the attitude and behaviour one develops towards taking part in a planned action or behaviour (Wyllie, 2024). Not much awareness of counselling methods has been created in Botswana, it is upon individuals to seek the knowledge when needing counselling, and this often does not guarantee that whatever knowledge they find will be adequate to influence a positive attitude towards counselling. With this in mind, this type of research is important to establish the views of Botswana towards counselling and their preferred mode (Stockton, Nitza, Ntinda, & Ncube, 2015). Similarly, accessibility and fear are factors that play a role in one’s suitability for group counselling. People often fear seeking counselling because of

the stigma surrounding mental health, and the perceptions people hold towards people with mental health problems.

Therefore, Counselling is not always easily accessed and accessible in developing countries like Botswana where most services are mostly available in urban areas as compared to rural areas (Feltham, 1995). It is upon this background that this study was conducted to establish the reasons behind hesitancy towards counselling, and more specifically group counselling as compared to individual counselling.

Several attempts were made by researchers to provide group counselling in organizations that had sourced out group and individual counselling believing that it was what was needed during and post-COVID-19 to address suicide ideation, grief, bereavement, loss of jobs and other related issues. However, it was surprising to find that employees preferred individual counselling and lacked interest in accessing group counselling. Organizations need to conduct need assessments before planning psychosocial support interventions for their employees.

Results

Demographic information for this research study sought participants' age, gender, marital status and occupational status, and Table 1 presents demographic data from respondents.

Demographic Data

Table 1

Data Showing Characteristics of Participants by Gender, Age, Marital Status and Occupational Status (N=100)

Item	Variables	N (%)	
1.	Gender	Male	23(23)
		Female	77(77)
		Other	0(0)
2.	Age	18-20	32(32)
		31-40	24(24)
		41-50	17(17)
		51-60	23(23)
		61+	4(4)
3.	Marital Status	Single	53(53)
		Married	39 (39)
		Divorced	5 (5)
		Widowed	3 (3)
4.	Occupational Status	Student	15(15)
		Unemployed	13 (13)
		Employed	65 (65)
		Retired	7(7)

Table 1 above shows that although the study targeted a sample size of 150 participants of either gender, only 100 responded to the survey and they had 3 options for gender identification male, female and other. (77%) of the respondents identified as female while only (23 %) identified as male and none (0%) chose the third gender preference option "other". The assumption made is that culturally men are reluctant to participate in online surveys and on issues related to emotions and counselling hence the high number of female representations in the study.

Though the study targeted different age groups from 18 to 61+, the results indicate that only

(32%) were aged between 18 and 30, (24 %) were aged between 31 and 40, (17%) were aged between 41 to 50, (23%) were aged between 51 to 60 and only (4 %) were aged 61 and above. The most represented age group was 18 to 30 probably because it is the age group of people who are most active on social media and keen to participate in online surveys. Participants' marital status varied from single, married, divorced and widowed. (53%) of respondents reported being single, (39%) indicated being married, (5 %) reported being divorced and (3%) indicated being widowed. Occupational status included student, unemployed, employed and retired; (15%) indicated being students, (13%) reported being unemployed, (65%) indicated being employed and only (7%) reported being retired.

Table 2

Descriptive Data Showing Participants' Responses in Frequencies and Percentages on the Preferred Mode of Counselling and Reasons for the Preference (N=100)

Item	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)
1. I prefer Attending Counselling Individually	64(64)	25(25)	9(9)	2(2)	0(0)
2. I Prefer Attending Counselling as a Group	4(4)	4(4)	31(31)	40(40)	21(21)
3. I Fear my Issues will Not be Kept Confidential	13(13)	36(36)	28(28)	15(15)	8(8)
4. I Fear Going for Counselling in General	5 (5)	16(16)	27(27)	32(32)	20(20)
5. I am not comfortable to be seen going for counselling	5(5)	13(13)	15(15)	39(39)	28(28)
6. I am not comfortable sharing my issues in the presence of others	35(35)	31(31)	14(14)	11(11)	9(9)
7. I prefer individual Counselling over ...	66(66)	20(20)	11(11)	2(2)	1(1)

Table 2 above shows that (64%) of the respondents reported their preferred mode of counselling to be individual and (86%) reported preferring Individual counselling over group counselling, whilst only (4%) indicated that they preferred attending counselling as a group. Respondents' reasons for this preference ranged from fear that their issues would not be kept confidential (49%), (66%) indicated not being comfortable sharing their issues in the presence of others. The findings indicate that Botswana's preferred mode of counselling is based on the fear of disclosing personal issues in group counseling due to confidentiality concerns.

Discussion

Research Question 1: What is the Preferred Method of Counselling in Botswana?

The first item was "I prefer attending counselling individually" and 89% of the participants were in agreement, 9% remained neutral whilst only 2% were in disagreement. The second item was; "I prefer attending as a group" and 8% of respondents agreed, 31% remained neutral and 61% disagreed.

To the statement that said; "I prefer individual counselling over group counselling", 86% agreed, 11% chose to be neutral whilst only 3% disagreed. All these brought us to the conclusion that a significant number of respondents prefer individual counselling over group counselling. The study findings established that Botswana's most preferred mode of counselling is Individual therapy.

Research Question 2: What Fears Do Individuals Have Towards Accessing Group Counselling?

Based on the data it is clear that the majority of Botswana prefer individual therapy as compared to group counselling. Therefore, it was not surprising that the study revealed the following when asked what fears influenced their choices of the mode of therapy between individual and group.

49% of respondents reported that their fears had to do with confidentiality, for example; "I fear my issues will not be kept confidential, 28% remained neutral and only 23% disagreed, therefore, the study concludes that the majority of Botswana fear accessing group counselling. Respondents also reported their general fear of accessing counselling. Participants' responses to the statement that said; "I fear going for counselling in general" revealed that only 21% agreed, 27% remained neutral whilst 52% disagreed with the statement implying that in general, Botswana do not fear accessing counselling, they are in favour. Therefore, the findings indicated that the majority of Botswana do not fear counselling.

Research Question 3: Why are Botswana Uncomfortable with Counselling?

This research question wanted to establish why respondents were uncomfortable about accessing counselling, 18% agreed to the statement that said; "I am not comfortable being seen going for counselling", 15% chose to remain neutral, and 67% disagreed

implying that a significant percentage of respondents are comfortable being seen accessing counselling. On the issue of comfortability disclosing personal mental health issues in a group setting participants responded to the statement that said; "I am not comfortable sharing my issues in the presence of others". 66% agreed with the statement, 14% chose to be neutral whilst only 20% disagreed. It can be inferred that this could be due to the fears and lack of trust in the process and possible ethical violations around confidentiality, and possibly cultural (Bhusumane, 2007). Other empirical studies have established the importance of incorporating multicultural approaches in counselling.

The findings, therefore, reveal that the majority of people in Botswana are not comfortable disclosing personal issues in a group setting. The data collected helped to establish the reasons for the preference and these ranged from a general fear of going to counselling, not being comfortable accessing counselling and just a personal preference for one over the other format of counselling and discomfort about disclosing issues in the presence of others.

The responses showed that (86%) of respondents' choices were based on the preference of one model over the other; Individual over Group due to not being comfortable being seen going into counselling (67%), (66%) not comfortable about sharing issues in the presence of others and the list being (52%) a general fear of going to counselling.

I Fear Going for Counselling in General

This statement aimed to establish whether generally, respondents had fears about seeking counselling. Majority (52%) of respondents disagreed; 32% disagreed and 20% strongly disagreed, whilst (27%) chose neutrality and only (21%) agreed.

I am not Comfortable Being Seen Going for Counselling

The statement sought to establish whether the reason behind the low uptake and/or poor access to counselling could be linked to being uncomfortable about being seen going to counselling, (18%) agreed to the statement, (15%) were neutral, (67%) disagreed with the statement about not being comfortable seen going to counselling and (66%) on not comfortable sharing issues in the presence of others.

I am not comfortable sharing my issues in the presence of others

The majority of respondents (66%) agreed to not being comfortable sharing their issues in the presence of others (group); (35%) strongly agreed, (31%) agreed, and (14%) were neutral and only (20%) disagreed. Majority of respondents.

I Prefer Individual Counselling Over Group Counselling

This question sought to establish the respondents' preference between Individual and group counselling formats (86%) agreed; (66%) strongly agreed, (20%) agreed, (11%)

were neutral and (3%) disagreed. The results indicated that the majority of the respondents prefer Individual Counselling to Group Counselling.

Recommendations

1. Further research should be done to investigate the issue from opposing paradigms using triangulation of methods, triangulation of data collection strategies and data analysis techniques to establish if the same conclusions will be reached. This study has merely provided a baseline from which further research could be developed regarding Botswana's preferred modes of counselling.
2. The study should be replicated on a large population sample and not only through an online survey as data derived from those that were excluded by the use of an online survey might lead to the study yielding different results.
3. There is a need to create awareness of the benefits of Counselling; holistic mental health services in Botswana and the effectiveness of using group counselling where appropriate.
4. The study further recommends the adoption of a multicultural approach to counselling and the significance of conducting a needs assessment to inform employee psychosocial support interventions.
5. The study further recommends clinical supervision for counsellors in Botswana as that will help build trust, ensure ethical adherence, and quality counselling services, protect clients from unethical practices and the integrity of the counselling profession in the country.

Conclusion

The findings in this study show that Botswana prefer individual counselling over group counselling due to various reasons linked to fears related to ethics, confidentiality, and the culture of "secrecy" may have a lot to do with the held perceptions towards group counselling. There may be issues of stigma towards counselling in the country given the HIV and AIDS country ranking that necessitated rigorous mobilization for the citizenry to undergo voluntary testing and counselling. Similarly, such prejudice and negative attitudes surrounding group counselling, though alarming, are understandable given the infancy of contemporary counselling in the country; it is a relatively new phenomenon and clinical supervision of counsellors is also lacking (Wyllie, 2024). It is upon mental health providers to create awareness and sensitize Botswana on the benefits of group counselling with the hope of motivating them to gravitate towards openly accessing all modes of counselling without fear and instil the culture of accessing counselling when experiencing psychosocial challenges in this complex era.

Disclosure:

The authors of this study report that there are no competing interests to declare and the study did not receive any funding from any organization.

Research Permission: ethical review and approval were waived because the study used de-identified data obtained publicly through a publicly accessible online survey. The study was exempted from institutional review.

Informed Consent: Informed consent was obtained from all online survey participants and there were no risks to respondents.

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