Psychotherapy And Counselling: Attitudes Toward Mental Health Seeking Services In Nigeria

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Abstract
This paper explored the attitudes of Nigerians toward mental health seeking services with regards to the reality of psychotherapy and counseling in Nigeria. Some cultural variables that fuel the supposed neglect of the mental health issues in Nigeria were highlighted and way-forward offered. Culture and society tend to influence all spheres of life including mental health, mental illness, and mental health services. In view of this fact it becomes pertinent to develop mental health services that would be more acceptable to the culture and social environment where recipients are located. In addition, victims of mental health challenges are reassured to feel safe in the hands of counsellors and psychotherapists, as they passionately abhor stigmatization, social distancing and numerous cultural obnoxious treatments to individuals impacted by mental health disorders or illnesses in Nigeria.

Key words: Psychotherapy, Counseling, Mental health, mental health services, cultural variables.

Introduction
Mental health counseling is what people typically think of when they hear the word psychotherapy or counseling. Although counseling was successfully introduced in Nigerian secondary schools, it has been very slow at gaining acceptance in the general culture, colleges, and universities. In the almost over five decades of the existence of guidance and counseling in Nigeria, the counseling profession has sought to clarify for the Nigerian public what counseling and psychotherapy is all about. In the Nigerian setting, the word counseling has tended to take back seat to the word guidance leading to the strong focus on the counseling profession in secondary schools with emphases on helping students with regular developmental, situational and educational tasks such as making good career choices, and or choosing academic courses that will put the young people on a career path. However, in Nigeria, people encounter many problems across a spectrum of mental and emotional distress and disorders; undergo various stresses that range from financial to spiritual and environmental conditions including problems in academics. All the same, the only form of services that seem available in terms of counseling and psychotherapy, particularly, at counseling centers in Nigerian universities are
educational guidance, social personal and career counseling. As noted (Okocha & Alika, 2012; Onukwugha, 2013) professional counseling in Nigeria is an emerging profession with a strong concentration on counseling in middle and high schools. Supposedly, counseling is to be conceptualized as the application of mental health, psychological, and human development principles through cognitive, affective, behavioral and systemic intervention strategies, that address wellness, personal growth, and career development, as well as pathology (Hackney and Cormier, 2001). Professional counselors practice in a variety of settings such as mental health clinics, human/social service agencies, educational settings, hospitals, businesses, private practice, and corrections. There are different specializations in counseling that require different working environments, such as addiction counseling, marriage, couple and family counseling, gerontology counseling, career counseling, school counseling, clinical mental health counseling (also known in some settings as community counseling (CACREP, 2010). Unfortunately in Nigeria only school counseling (what is referred to as guidance and counseling in Nigeria) is available. Clinical mental health is lacking.

According to WHO (2006) exist a considerable neglect of mental health issues in Nigeria. Clinical mental health counseling is almost non-existent in Nigeria. But mental conditions or maladies and emotional distress do not discriminate; emotional and psychological disorders are a respecter of no person, affect men and women of all countries, ages, race, ethnic groups, and socioeconomic statuses. These disorders impair how people feel, think, and act. They can interfere with how people function at work or school and affect their relationships with friends and family. Information on the mental health services in Nigeria is lacking. A review of the literature discloses dearth of research in the area of mental health (psychotherapy and counseling) seeking services in Nigeria. To fill this gap, this paper explored the attitudes of Nigerians toward mental health seeking services with regards to the reality of psychotherapy and counseling in Nigeria.

**Psychology and Counseling Conceptualized**

There is need to clarify what psychotherapy and counseling mean as this will help elucidate some misconceptions around seeking counseling and psychotherapy services to handle mental distress. Counseling and psychotherapy are often considered to be interchangeable therapies that overlap in a number of ways. Both methods of therapies provide people with a way of dealing with change psychologically. In specific situations, counseling is offered as part of the psychotherapy process and a counselor may work with clients in a psychotherapeutic manner. According to the Council for Accreditation of Counseling and Related Educational Programs (CACREP), professional counseling is “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (CACREP, 2010). This type of counseling is formal, and is provided by non-family members or relatives in a designated space such as a university counseling center and private practice offices. It requires professional training and special skills such as, active listening, respect of clients, and communication of understanding and empathy (Alude et al., 2005). Counselors take a developmental perspective and assume that people grow and change throughout their lives. Professional counselors develop formal relationships
with clients and help them to clarify feelings and thoughts, as well as alternative views of approaching life presenting issues.

Counseling has been defined in various ways by scholars in the course of the history of professional counseling. In the context of this paper, counseling is conceptualized as a brief treatment that centers on behavior patterns; done between an individual or group of individuals known as client and a professionally trained person in counseling, the counselor. It refers to a short-term process that increases self-awareness and sense of well-being and encourages the change of behavior. In addition, it is a process that psychologically empowers individuals to get the control of their lives. Also, counseling is remedial, preventive, and life enhancement agent or tool. Viewed in this way, counseling as prevention seeks to take into account those predictable life events that produce stress, and ultimately demand alteration to changing life forces. Meaning, counseling does the job of “catch it before it gets out of handle.”

As a change agent it is concerned with situation that for whatever reason, have become troublesome and one is unable to continue through the normal passage of life without excess stress, dissatisfaction, or unhappiness. Furthermore, as life enhancement tool, counseling seeks to open one’s experience to new and deeper levels of understanding, appreciation, and wisdom about life’s many potentialities. Professional counselors understand principles of human development, psychology, mental health and change theories, and they establish effective helping relationships with people from diverse backgrounds and cultures. Thus, counseling helps in identifying problems, enables an individual to explore personal development, and to create amendments to life. It offers alternative view to life presenting issues.

When the word psychotherapy is mentioned, what comes to mind is Sigmund Freud. Psychotherapy is synonymous to psychoanalysis. Psychotherapy began with the practice of psychoanalysis, the talking cure developed by Sigmund Freud. Soon afterwards, theorists such as Alfred Adler and Carl Jung began to introduce new notions about psychological functioning and change. Accordingly, psychotherapy is a general term for treating mental health problems by talking with a psychiatrist, psychologist, mental health counselor or other mental health providers. Psychotherapy provides avenue to examine feelings, actions and thoughts as well as learn how to evaluate and adjust where appropriate. It focuses on working with clients for a longer-term and draws from insight into emotional and psychological difficulties. Psychotherapy can ease the symptoms of a mental health condition such as moods, feelings, thoughts and behaviors. It uses different theories and therapeutic techniques or methods, such as cognitive behavioral therapy, emotive rational techniques, brief therapy, etc., to talk people through their problem situations and difficult life events such as relationship problems, domestic violence, divorce, illness, loss of job, death of a loved one, etc. Also, helps individuals learn how to take control of their life and respond to challenging situations with healthy coping skills.

How Nigerians Conceptualize Counselling and Mental Illness

Nigeria is a communalist, family oriented people and majority of them see seeking mental health counseling and psychotherapy as sign of weakness. Bojuwoye (1992) argued that counseling is an American phenomenon, and that there are some factors in the American environment such as youth socialization, individualism, affluence,
industrialization and the breakdown of the family that contributed to the development of the counseling profession and services. Arguably, these conditions for the most part do not exist in Nigeria. Ironically, research indicates that mental and emotional problems have no boundaries. Nigerians too are susceptible to mental and emotional conditions hence, not exonerated from mental illness like other individuals around the globe. Observation signposts increased rate of psychological disorders among Nigerians. In exclusive separate interviews with the News agency of Nigeria, mental health experts expressed deep concern on the increased rate of mental disorders among Nigerians. These experts asserted that one in four Nigerians have one form of mental disorder or the other (Premium Times, 2015).

Further, in Nigeria there is generally belief in the external causes of illness. Bankat (2001) contends that mental illness in Nigeria is linked with the spirit world where direct or indirect violation of the natural order or an evil attack may result to mental illness. The unfortunate beliefs in some idols, shrines, some big forests reserved for fetish activities, eating of evil foods in the dream, charms are attributed to the cause of mental health woes (mental illness, psychological problems, emotional breakdown, and even physical casualties). Majority of the cultural and social groupings in Nigeria view mental health issues from the stand point of a step on the toes or rather violation of these cultural beliefs of the land where such problems emanate. The victims are believed to have consciously or unconsciously offended the gods. Some social/religious sects may on the other hand see such situations as attacks by the spirits. Therefore, somehow some belief in some sorts of taboos influence the approaches to treatment, psychotherapy and counselling as various diagnostic methods are followed to determine causative factors/sources. However, in the view of the authors of this article, mental health is considered the product of a complex interaction among biological, psychological, social, and cultural factors. The role of any one of these major factors can be stronger or weaker depending on the disorder (DHHS, 1999). Regrettably, Nigeria is a developing country and as such is so much exposed to circumstances that can aggravate mental health of individuals. Popular observation shows that there is a wide spread hardship ravaging Nigeria occasioned by harsh economic down turn. For instance, the take home salaries among majority of Nigerian workers are very poor; the Nigerian workers live from hand to mouth, from pay check to pay check. Also, the massive youth unemployment has given rise to all kinds of youth restiveness in the country. In view of all this, Nigeria is no doubt highly susceptible to mental health challenges. According to World Bank 2004 analysis and rating Nigeria falls under the lower income group countries. The proportion of Nigeria’s health budget to GDP is as low as 3.4%. In families people find it very difficult to exist on one square meal a day, when they can hardly afford the most common staple food materials to live on (WHO, 2004). It is therefore a shocker to note that a country going through all these issues that inflict lots of emotional and psychological distress to individuals pays lip services to mental health issues and services.

Mental Health Services in Nigeria
Clinical counselors talk people through problems and in many cases, they diagnose as well as treat mental illness. However, to a large extent, what currently exists now in Nigeria as facilities for management of mental health problems is culturally based, where traditional practitioners handle mental health problems. Nationally, according to
WHO-AIMS (2006) reports, only about seven mental health facilities are scattered all over the country exist. This is quite insufficient for the whole country, if the mental health issues in the country are to be tackled head long. There is total non-existence of individual assistance activities in the area of mental health issues for instance mental health counselling and psychotherapy, rehabilitating activities, support groups and so on.

The first and only policy document on Mental Health in Nigeria was enunciated in 1991. This policy was the first to talk about mental health issues with its focus on advocacy, promotion, prevention, treatment and rehabilitation. Surprisingly, this policy has since then not been reviewed or revised, neither has attempt been made to evaluate or assess how much of the implementation has been done with the provision of the policy. The report also revealed that several countries in Africa are better in the services and management of mental health issues than Nigeria. This is considered in terms of personnel, psychiatrists, psychotherapists and counsellors, better and improved facilities and infrastructure. Further, the government pays no serious attention budget wise to mental health; only about four per cent of government expenditures on health is set aside or allocated for mental health issues. The infrastructure for mental health issues is found highly inadequate (WHO-AIMS Report, 2006). In view of this, Oye Guruje in Premium Times (2015) stated that “In Nigeria, one out of seven persons will have serious mental illnesses, while one in four persons will have some form of mental disorder.” As a result has urged the government to give priority attention to the management of mental disorder.

Barriers toward Mental Health Seeking Services in Nigeria and Way – Forward

Culture and society tend to influence all spheres of life including how mental health disorders or illness and help seeking services are conceptualized. There are several factors responsible for the lack of mental health counseling in Nigeria. Some cultural variables tend to influence the meaning attached to issues concerning psychological imbalance. These include societal beliefs in traditional healers and prayers, and scarce resources in developing mental healthcare. Culture is believed to be a veritable factor in mental health. It can impact on the ability to assess help, stigma attached to it, and the type of treatment sought regarding mental illness especially psychological and emotional problems. Culture is considered to be a set of binding and commonly shared norms, beliefs and values among a community of people or group. As the concept suggests, it is possible that various groups may have some set of philosophies, values, and norms and shared views binding them in their cultures. Ways various cultural/social groups conceptualize and interpret mental health, mental illness, emotional, and psychological well-being or problems of individuals, considerably affects mental health seeking services. Bankat (2001) noted that all ethnic groups, cultures and traditions approach the treatment of physical, mental, emotional and psychological problems in their own ways. Some cultural groups may have the ability or rather a way to respond to some circumstances that may aggravate mental health more than some other groups. One culture sees death as an issue normal with humans and does not change any situations that have been predetermined by nature. On the other hand, death is seen as an issue that can set the hand of the clock back especially when it affects the dependant figure in the family by another culture. For instance, the
death of a loved one in a core Muslim community may not result to a psychological or mental breakdown of dependants as it may result to mental trauma to dependants of a Christian community.

In Nigeria there is generally belief in the external causes of illness and this might hamper in mental health seeking service. This is quite the reverse of the western world where ill health is traced to the patient instead of attributing it to external causes. In the western culture if one is diagnosed of mental illness, psychological and emotional problems, the individual is considered responsible for the problem and no external forces are associated with it. Ndum and Onukwugha (2013) identified cultural conflicts between western and Nigerian traditional values and customs as the main factors why mental health counseling is lacking in Nigeria. In an anecdotal paper on counseling Nigerian students in American colleges and universities, Idowu (1985) argued that the basic principle of counseling, which emphasizes on self-help and independence, is at odds with Nigerian culture. Also, Ikwuka et al. (2016) noted that the barriers to formal mental healthcare in Nigeria are ideologically (cultural and mental literacy constraints) and instrumentally based (systemic and financial impediments). As a result, argue that even if mental health facilities are built along with socioeconomic improvements, services will be underutilized unless there is an improvement in the way Nigerians conceptualize mental illness.

Another factor that seems to militate against seeking mental health service in Nigeria is the stigma attached to mental health and discrimination against those who have mental health problems. The fear of stigmatization and discrimination by the general society forces people to keep under carpet their mental health issues and thus suffer silently or resort only to unorthodox or cultural procedures to seeking solutions to their problems even when they prove to be temporary cure. This has also affected the recognition, propagation and establishment of professional practices of counselling and psychotherapy in Nigeria, which is the reverse situation of what obtains in other western countries. Stigma is perceived in this study as the negative reception or approach, cold regard associated with victims of mental illness, psychological and emotional problems. In which case victims of mental illness, psychological and emotional problems are rejected and kept aloof or not associated with, in the community of people. Ahmad and Amani (2016) perceive stigma as the extent to which people devalue or discriminate against someone with mental illness. It also includes social distance mated out to those suffering from mental illness, psychological and emotional problems. Stigma results from poor knowledge of mental health, poverty, and often those who have mental illness often do not receive their family’s support in dealing with their mental illness.

Another identified barrier in seeking professional emotional and psychological help is the non-health nature of the mental health services in Nigeria. Clinical mental health counseling is almost non-existent due mostly to number of cultural barriers. In the view of some scholars, Nigerians have their own way of handling mental health issues. For instance, Mack (1979) and Urigwe (2010) found that traditionally, Nigerians have their ways of handling psychological problems, namely: through informal counseling from parents, family mediation, use of traditional healers, wise men, authority, gathering of elders, authority figures such as teachers, priests, etc. these mediums fulfill the needs of students for professionally trained mental health counselors. However, as can be observed the so called “our own way of handling
psychological problems” have proved inefficient. This is because we have so many mad people on the street that could have been rescued with mental health services. The westerners that are using scientific approach to psychological and emotional issues have no mad people living on their streets.

There is need to create clinical mental health counseling in Nigeria to address numerous emotional and psychological issues of people and deal with the concern of many mad people leaving on the Nigerian streets. Professional mental health counseling refers to assistance given to individuals, families, and groups with diverse needs through challenges in their life journeys. Some mental health counselors help people who have normal cognitive processes cope with difficult life events, for example, physical illness, death of loved ones, and relationship problems or divorce. Others help people manage serious mental illnesses like bipolar disorder. Cognitive therapy is among the most common techniques, but some employ other therapies. Some clinical counselors specialize and work with a particular population, for example, the elderly. Mental health counselors may work for a variety of agencies: individual and family services, hospitals, and inpatient and outpatient mental health facilities. Some are in private practice. Clinical counselors often work as part of a health care team; the team could include doctors, nurse specialists, psychologists, and even social workers.

According to Jones-Smith, (2012) clinical mental health counseling tend to be reconstructive, and requires in-depth work with people who are experiencing mental disorders or who exhibit deficiencies in coping with their problem situations. It is considered long term and have more intense focus. Clinically mental health counselors work in settings such as in schools as clinicians, program managers, juvenile facilities, or in private practice, community-based mental health centers, hospitals and other treatment centers (CACREP, 2010). In addition, mental health counselors can diagnose and treat mental illness, such as bipolar, anxiety. Some mental health counselors specialize in working with a particular population, such as children, couples, family, sex addiction, the elderly, substance abuse, etc. (Counselor-License, 2016; Jones-Smith, 2012). They can also make referrals when a case is outside the scope of their practice, and they often work in interdisciplinary teams with other health professionals such as psychiatrists, social workers, nurses, medical doctors, etc. (CACREP, 2010).

Public stigma and social distance are the most popular types of stigma that may impact the way and the kind of help victims of mental health issues may seek or assess. Granted that stigma toward mental distress, tolerance, and lack of trained professionals and trust in mental health professionals (worldview on mental distress) are likely to affect their perceptions of professional counseling and psychotherapy in Nigeria. However, it is pertinent to reiterate here that counsellors and psychotherapist are professionally trained on psychological and emotional issues. As professional helpers, counselors are respectful and responsive to clients and offer a safe place for people to share their experiences and to explore ways to cope. Accordingly, they are conscious of their ethical practice, which encompasses empathy, unconditional positive regard, respect for clients, and confidentiality among others. Victims of mental health challenges should feel safe in the hands of counsellors and psychotherapists, as they passionately abhor stigmatization, social distancing and numerous cultural obnoxious treatments to individuals impacted by
mentally health disorders or illnesses in Nigeria.
Equally affected is the provision of government owned facilities in Nigeria. The government policy on mental health issues should be widened to give greater opportunity for individual assistance or help services for the benefit of those who may wish to avail themselves to the services of professional counselling and psychotherapy.

Conclusion
Mental health counseling or psychotherapy does not equate madness. It is designed to help people challenged by a range of circumstances such as trauma, depression, anxiety, stress, unanticipated life events, interpersonal discord, social injustice, worksite disruption and career issues for better adjustment. So, counsellors and psychotherapists are skilled in the assessment of people and situations, diagnosis and treatment of mental disorders, and in the application of cognitive, affective, behavioral and systemic strategies to facilitate change. They are safe place to handle emotional and psychological challenges.

References


