

Logotherapy

Issues from an African
Perspective



Rachel B Asagba

LOGOTHERAPY
ISSUES FROM AN AFRICAN
PERSPECTIVE

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Dedication

This book is dedicated to the Almighty God, the Alpha and Omega, my Protector, Director and Provider. To my beloved children, Tundebola, Mojisola and Olatunde Asagba for their endless love, concern and care.

To my great professor, Sister Marion Hunt who recommended the book titled, *Man's Search for the Meaning* and the father of logotherapy, Late Professor Viktor Frankl who made the writing of this book possible.

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Finally, I want to thank the publisher, University Press Plc, for her guidance, technical assistance and the publication of this book.

Foreword

Dr Asagba's research and book has come at a time when logotherapy, a veritable branch of psychotherapy is most useful for a post-colonial condition of rediscovery and ennui.

The book, in nine diverse but closely-knitted chapters, addresses all facets of both individual and collective lives and aspirations of man. In fact the mere circumstance of the research by a university-based-scholar ensures the relevance of its method to students in search of career fulfilment.

Counsellors and guides will find, in this unique text, the uncanny ability to straighten the paths of youths and adults alike. In its pages, both traditional systems of beliefs and modern thought systems meet via the same tropes and expressions without jarring. There is a sense in which the whole knowledge of existence come together in an embryo; the basis of existence and meaning formation.

In these nine chapters, the book offers both theoretical and practical challenges for the modern man and his society. Far beyond the anguish that existentialism portrays, Viktor Frankl, Erick Erikson, Sigmund Freud and Carl Jung have provided the basis by which we can re-examine the basis of existence in the twenty-first century. I believe that Dr Asagba, being a student of these great theorist and visionaries, aims to provide a platform for her own students to enjoy the same sphere of learning.

The book appeals to both specialists and general readers and promises to inspire all and sundry, trusting that it will reveal its lines and the interstices between them to all who seek its relevance.

Dele Layiwola, Ph.D
Director of African Studies
University of Ibadan

Preface

Logotherapy: Issues from an African Perspective is an ambitious attempt by the author, Dr Rachel Asagba, to relate the concept of logotherapy to the different spheres of traditional African society. In defining logotherapy as a treatment model of finding meaning and purpose to life, the author links it to traditional African philosophy.

The book is divided into nine chapters with each chapter dealing with a different aspect of the African traditional attitudes towards life. There are different forms of treatment for ailments that affect us and the traditional way of handling any ailment is based on the traditional beliefs of the cause. Dr Asagba linked life and the healing process logophilosophically. She expanded and compared the relationship between logotherapy and mental health with traditional Africa's view of health, disease and illness.

The author, in the book, presents the relevance of logotherapy in Africa, particularly as it is related to the growth and advancement of psychotherapies in Africa. The use of African religion and belief systems in combination with logotherapy in psychology and psychotherapy are useful factors for clients, patients and other areas like demography, conflict resolution, war and violence, health and human rights.

The book incorporates the philosophical concepts of Viktor Frankl, the founder of logotherapy. He emphasised courage and fortitude as vital attributes of the human spirit. It clarifies and enriches our understanding of self as mental and emotional beings who need to come to terms with its own peculiar circumstances.

Professor Helen O Nwagwu
Chairperson, *The Logotherapy Group*
Department of Guidance and Counselling
Faculty of Education,
University of Ibadan, Ibadan

Introduction

"Another book on logotherapy?" I guess this question might cross the minds of some individuals who had read my previous book also on logotherapy. This book came into being as a result of the constant questions I was bombarded with by many individuals in my neighbourhood, during seminars or conferences from both my students and senior colleagues I came in contact with during my field work in the eight universities across the six geopolitical regions or zones of this country, but most especially from my students in the university where I lecture. To explain what the meaning of life is and the purpose of life in just a few minutes of our encounters is usually not enough for them to be able to comprehend these important concepts in logotherapy. In order to bridge the gap of knowledge, the definition and what the actual concept is to us in African culture are outlined here.

In my first book titled *Logotherapy and Cultural Development*, which was the product of my Ph.D thesis in the University of Ibadan, I discovered that I was unable to give enough details of what logotherapy is about. Therefore, I decided to compile some of the lectures I have given in the past years after my training in logotherapy in Vienna, Austria and publish them as a book. Although publishing such materials is not a profitable venture in Nigeria, it is my hope and desire that some inquisitive individuals will one day not only want to keep it but also use it to enrich their personal drive for accumulation of general knowledge. To achieve this set objective or goal, this book is divided into nine chapters with each treating an independent but interrelated topic.

Chapter one begins with the definition of the term, logotherapy and specifically what the meaning of life is. It also includes the five practical ways to find meaning in life with some guidelines and diagrammatic or schematic view of people in search of meaning in life.

In chapter two, the introduction begins with the meaning of traditional African contemporary philosophy, African religion and belief system and

is followed by African psychology/psychotherapy. This will enable the readers to realise how far behind we are in the practice of psychotherapy in Africa. This is followed by the summary of Viktor Frankl logotherapy with its definition, history and techniques which the readers will find useful in their daily lives.

The use of Asagba's diagrammatical model of wholistic health after Viktor Frankl is demonstrated here to enable the reader comprehend the concepts and principles of logotherapy better as well as the call for a multidisciplinary approach to learning. The chapter concludes with the justifications for utilising logotherapy in Africa and the world.

Chapter three provides an overview of logotherapy and education as an effective way of solving major problems facing scholars such as motivational human relationship which has to do with emotions and the quality of knowledge in the learning process. The chapter begins with a long quotation by Viktor Frankl citing different authors who have used logotherapy in the scientific realm or arena due to the evidence which has been established through the use of various tests, statistics and experiments from various scholars or researchers across the globe. The importance of the utilisation of logotherapy in education is also emphasised with the demonstrations of viewing them from both cognitive, affective or emotional component for effective education.

Furthermore, some of the problems of many stakeholders in education in Africa, especially in Nigeria, are cited to enable readers understand that schools could be stressful to students. Some research findings from both Europe and the USA were cited to support this issue. The chapter ends with explanations and solutions to some problems of the Nigerian education system such as the incoherence between private and public schools' curricula, and a call for drastic changes in this disjointedness so that a harmonised curriculum that will be more beneficial to the students would be put in place.

Chapter four begins with a discussion on the theories of three popular Viennese psychologists. The concept of logotherapy is elaborated here with illustrations of the differences among the three schools of

psychotherapy. Logotest, which is one of the instruments used to measure the concept of logotherapy and its effects in different populations or cultures, is also demonstrated by using it to compare healthy and unhealthy individuals, that is to diagnose different psychological and existential problems.

Furthermore, comparison is made between the African's view of health, disease and illness and the concept of logotherapy. In supporting this view, efforts are made to explain the importance of logotherapy in the Nigerian culture.

Chapter five gives an overview of important concepts of logotherapy healing and the roles of women in the healing process. This was a lecture given at the Lady Bank Anthony Hall, University of Ibadan to mark the World Health AIDS Day organised by Nigeria Network of NGOs (NNGO) of Oyo State with the title "Female Healers and the Control of AIDS". The chapter opens with the history and themes of medicine, followed by the movement in the emergence of medicine, and discussions on issues on AIDS as an illness that requires a multidisciplinary approach is also included, that is, a victim should not only get medical treatment but also psychological and spiritual treatment with counselling.

Women who have been caregivers in the years past and their important contributions to modern medicine and its advancement are also discussed. Concluding the chapter is the use of the Asagba's diagrammatical wholistic health after Viktor Frankl to demonstrate this concept.

Chapter six deals with 'forgotten persons' with diabetes mellitus which is one of those chronic diseases that are increasing in an alarming rate in the developing countries especially African countries. A whole chapter is devoted to this vital area which had been neglected for AIDS and HIV in the past ten years by both national and international communities. This chapter also educates the reader and healthcare practitioners on the importance of logotherapy in the management of diabetes mellitus in their domains. In achieving this, efforts are made to highlight the need to understand diabetes not only from the medical point of view but also from psychological and logotherapeutic points of view. Therefore, the point of view of the patient's feelings, attitude, sympathy, empathy, level

of acceptance and coping methods during the treatment of diabetes are discussed. Most importantly, patients are helped to see their illnesses from an objective point of view through logotherapeutic counselling.

Issues on adolescents are raised in chapter seven. Because the adolescence period is full of crises, the biological, psychological, social and spiritual aspects of adolescence are discussed. The chapter also identifies some of the neglected problems facing adolescents which parents, guardians and teachers fail to understand. The chapter ends with discussions on some logotherapy perspectives in order to enable the reader better understand the crises faced by adolescents as they grow into adulthood due to changes in the economy and societal values. It further explains how logotherapeutic principles could ameliorate these crises to enable these adolescents resolve them through necessary adjustments.

Chapter eight highlights two great Nigerian thinkers in terms of effective leadership and democracy in Nigeria. The reader is implored to reflect on the suggestions in these speeches and the call to both the present and next generation to make these speeches food for thought. The chapter ends with the logotherapeutic perspectives of the thoughts and ideas of the two great thinkers. That is, Nigerians can decide to make their country and Africa as a whole great as this is a matter of choice. The decision has to be made by Nigerians as no foreigner can do it for them.

The final chapter which is chapter nine is the modified version of a paper presented at the Regional Congress in Africa by the International Association for Cross-Cultural Psychology, 23-27 July, 1995, at the Obafemi Awolowo University, Ile-Ife, Osun State. It begins with how the quest for effective therapy has led to the investigation of various therapies and the discovery of logotherapy as an effective therapy for Africans. This chapter makes it clear that logotherapy is not only scientifically relevant but also relevant for people's daily practice regardless of their cultural or religious background. This has been confirmed by many researchers in different methods of study as demonstrated by the

founder of logotherapy, Prof. Frankl. With him in mind, the definition, history and application techniques with illustrations are included in order to make the reader who might not have read the previous chapters to better understand the technical terms involved.

The various ways and explanations in which logotherapy could be very useful in African culture, specifically in Nigeria were highlighted with some explanations.

Conclusively, the author believes that the combined use of African religion and belief system with logotherapy in psychology and psychotherapy will serve as factors that will be for the betterment of the subjective well-being of not only the patients but also other areas like demography, conflict resolution, war and violence, health, human rights emigration and refugee, etc. It is hoped that all readers will find this book very useful.

Defining Logotherapy

Logotherapy is a term coined from the word existential analysis by Frankl in the 1930s to avoid confusion in usage by various existentialists of the period. It is exclusively for Frankl's logotherapy and can be used interchangeably with the term 'existential analysis'.

According to Fabry (1987), the word logotherapy came from the Greek word '*logos*' which means 'the controlling principles of the universe'. In theological terminology, it means the word or will of God. The term *logos* is translated as 'meaning' by Frankl. From this translation, Fabry (1987) concluded that *logos*, which is meaning, is the controlling principle of the universe; it is at the centre of life towards which we all move consciously or unconsciously.

From the above explanation, it can be said that the motivation of man in the universe is to find meaning. To Frankl (1988), Lukas (1986) and Fabry (1987), man's basic motivation for living is to find meaning in life. It is not to find pleasure as Freud indicated, power as Adler indicated or material riches in life as many people believe today. All these things – pleasure, power and material riches – play an important role in making man happy as they contribute to his biological and psychological wellbeing, but they are just end products of having discovered meaning. In other words, meaning is not a means like power seeking, or an end product; rather, it is an end in itself as the following diagram indicates:

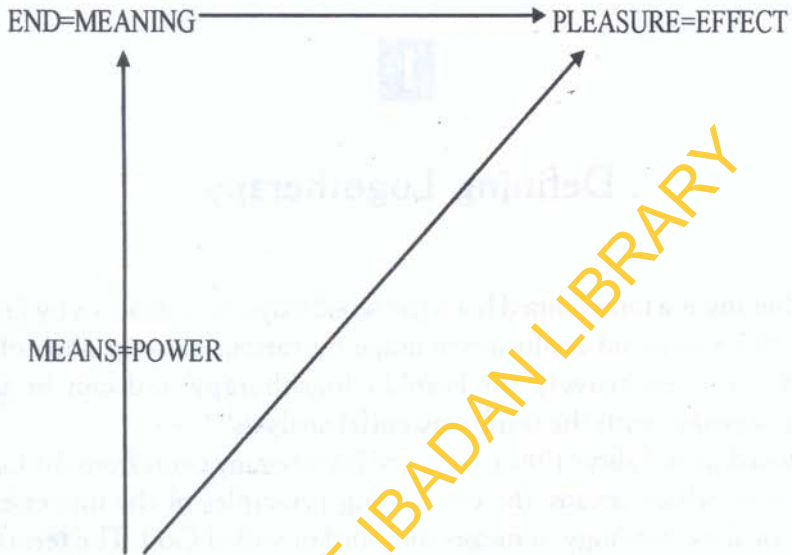


Fig. 1: Diagram showing meaning as an end in itself (source: Frankl, 1988).

As further illustrated by Frankl in the next sketch, the pleasure principle or the pursuit of happiness is self-defeating because the more one aims at it, the more one misses it. That is, the pursuit of pleasure or happiness should never be a goal to strive towards (unless there is a reason for it) because happiness or pleasure will surely come as an effect. If there is no reason for happiness or pleasure, it will not happen and man will surely miss the way to achieve the goal of happiness or pleasure while power is seen as a means to an end.

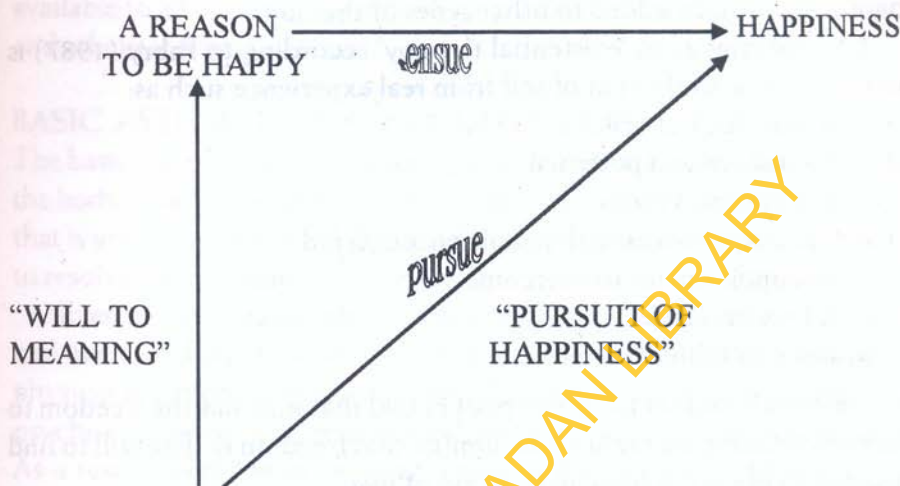


Fig. 2: Diagram showing happiness as being self-defeating and cannot be aimed at (source: Frankl, 1988).

According to Frankl, logotherapy can be viewed as a therapy through meaning, as existential therapy, logophilosophy and ministry or supportive therapy. Logotherapy, as therapy through meaning, guides individuals to understand themselves as they are and could be as well as allowing people to know "their place in the totality of living." This self understanding is not through 'wishful thinking,' but arises from reality, which takes into consideration the existence of "suffering, injustice, guilt and death." In this case, "logotherapy as a therapy can be curative," because it can cure neuroses that originate in the human spirit.

As a preventive therapy, it energises and exerts the spiritual muscle that guides using the principles of meaning in life. Therefore, it is all right to conclude that logotherapy is a primary therapy for diseases that originate from the human spirit and a supplementary therapy for individuals affected

through the biological and psychological dimension. In this case, logotherapy can be added to other types of therapy.

Logotherapy as an 'existential therapy' according to Fabry (1987) is based on a new evaluation of self from real experience such as:

- (i) a fresh look at self
- (ii) limitations and potential
- (iii) failures and visions
- (iv) total experiences with people encountered
- (v) disappointments to overcome
- (vi) hopes to realise
- (vii) tasks to fulfill.

All these are based on the concept of Frankl that man has the freedom to discover meaning no matter how limited that freedom is. The will to find meaning in life is the basic motivation of man.

Logotherapy goes beyond therapy. It is 'logophilosophy' because it allows people to view themselves in order to know who they are and their place in life. According to Fabry, "logophilosophy puts into a holistic system much of the wisdom of the ages, common sense and the findings of modern psychology. It can be the basis of self therapy as well as counselling."

Logotherapy, as 'logo-education', creates the awareness of the availability of choices; that each person is unique and can overcome limitations or change his/her attitude towards the unchanging situations in which he finds himself and even go beyond self to love, care for and help other people around. Therefore, logo-education teaches how to become independent and take responsibility for personal decisions.

Logotherapy as 'logo ministry' or 'supportive therapy' is applicable to people in crises either as a professional to a patient or a lay person to a friend or relative.

Logotherapy is different from other psychotherapies because it exerts the forces of the human spirit, the storehouse of man's resources on which people rely on for the restoration and maintenance of mental health.

The human spirit is the focus of religion but logotherapy proves that it is available to all individuals irrespective of religion and includes humanistic and atheistic points of view.

BASIC ASSUMPTION OF LOGOTHERAPY

The basic assumption of logotherapy is that man is an entity that comprises the body, psyche and spirit. These dimensions of man have been a problem that is yet to be resolved. Frankl had demonstrated why it is very difficult to resolve the problem.

Even before the existence of logotherapy, the mind-body relationship had been a debate. History indicates that there was no division between physical and mental disease in the prehistoric societies. For instance, the psyche was viewed as a mystical and irrational force during the dark ages. As a result, trephine holes were found in ancient skulls, indicating the attempts made to treat diseases by enforcing the physical departure from the body of evil spirits believed to cause illnesses.

After this came the Renaissance era, when the mind was the concern of religion and philosophy and the body was restricted to medicine. During this period, the belief was that the interaction between the mind and body was no more tenable. This has had its influence on human thinking up to date. Then, the Cartesian dualism helped buttress the thinking. In the 17th century, Rene Descartes proposed a dichotomous model which stated that a clean-cut dualism of soul (mind) and body existed. He believed that the soul was conscious, and the body, inanimate. That is, the mind and body were seen as two distinct entities, each being subject to a different law of operation and principles of causality. This made men live as derived beings, thinking themselves to be a complex of mind and body for many centuries. Descartes' model of man had a great influence on western thoughts until more scientific thinking preempted this model. Freud came up with the unconscious element of man's mental life, which had helped bring to awareness the relevance of emotions in producing mental and physical imbalances. The thinking of man as a whole being has been very gradual since then.

The problem of mind and body had not ended with the unification of mind and body but another dimension was discovered by Frankl in 1930. He discovered that man is more than body and mind and introduced the spirit, which he termed *noos* from the Greek. The three dimensions are not without the aged problem. According to Frankl, Hartman's ontology and Scheler's anthropology had tried to solve the problem of body, mind and spirit. While Hartman distinguished different strata that constituted body, mind and spirit in a hierarchical pattern with the spirit at the top of the other two, Scheler (2006, 2007) distinguished three layers, the spirit being the centre and the other two layers around it (Asagba, 2006/2007).

Frankl (1988) made us realise that these two scholars had made efforts in helping to explain body, mind and spirit 'in terms of qualities' instead of just 'quantitative differences', but their explanation of man in layers or strata made it look as if the body, mind and spirit are separable. Frankl, therefore, used 'the ontological differences' and 'the anthropological unit' to develop two laws to explain how the mind and body problem is a complex issue which can never be resolved. The first law of dimensional ontology states that, "one or the same phenomenon projected out of its own dimension into a different dimension lower than its own is depicted in such a way that the individual pictures contradict one another."

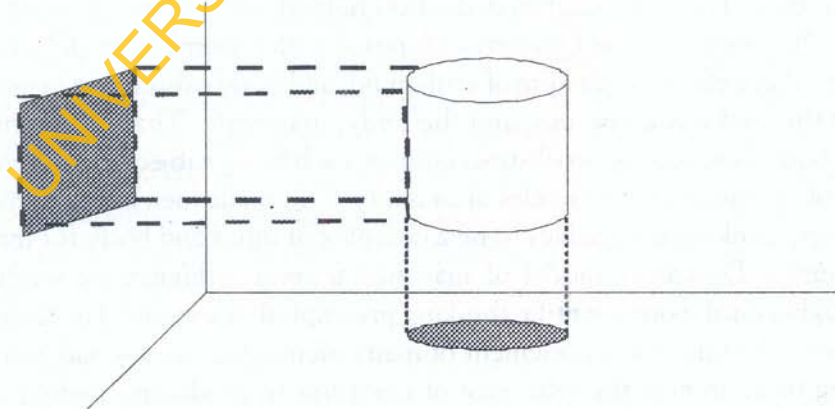


Fig.3: Diagram explaining the first law of dimensional ontology (source: Frankl, 1988 and Asagba, 2006, 2007).

According to Frankl (1988), "if one projects a cylinder or a cup from a three dimensional space into a horizontal and vertical two dimensional planes, contradicted images will appear which will look like a circle or a rectangle which Frankl called 'closed figures.'" He maintained that the contradiction between a circle and a rectangle does not contradict the fact that they result from a projection of the same cylinder. It is the same when one projects the biological dimension of man into the biological and psychology dimensions. The result reveals a biological organism in one case and psychological organism in another. If the two are seen from an anthropological point of view, the contradiction will no more contradict the wholeness of man.

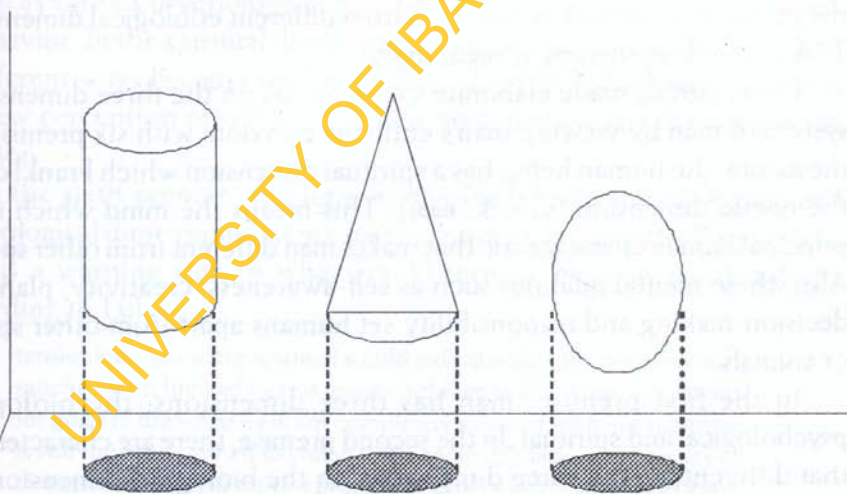


Fig. 4: Diagram explaining the second law of dimensional ontology (source: Frankl, 1988 and Asagba 2006, 2007).

The second law of dimensional ontology states that, "different phenomena projected from one of their own dimension into one dimension lower than their own are depicted in such a manner that the pictures are ambiguous." That is, if a cylinder, a cone and a sphere are placed on a horizontal plane, it will give the same shadow of a circular shape for each of the three figures in such a way that one cannot distinguish between the one for the cylinder, cone or sphere. Frankl used cases of neuroses to explain these ambiguities. The symptoms of neuroses could be very ambiguous because different neuroses have different etiologies but may exhibit the same symptoms. For instance, neurosis could be somatogenic (a result of physical illness) or psychogenic (as a result of psychological illness) or noogenic (a result of spiritual problem). This is known as the frustration of the will to meaning. This is why Frankl advocated multidimensional diagnosis and treatment of illnesses in order to solve the problem of ambiguous neuroses from different etiological dimensions. This is why logotherapy is meaningful.

Lukas (1986) made elaborate explanations on the three dimensional system of man by viewing man's entity as an axiom with six premises. In the axiom, the human being has a spiritual dimension which Frankl called the noetic dimension (Greek=*noos*). This means the mind which is the principal human characteristic that makes man different from other species. Also, these mental qualities such as self-awareness, creativity, planning, decision-making and responsibility set humans apart from other species or animals.

In the first premise, man has three dimensions: the biological, psychological and spiritual. In the second premise, there are characteristics that differentiate the three dimensions. In the biological dimension, are characteristics shared with animals and plants. To use Fabry's (1987) description, man is 'imprisoned' in this dimension because here, man solely depends on his environment and the prevailing situation. This dependency is almost total and hardly manipulable while in the psychological dimension, "the dependency is flexible and can be manipulated." This is shared with animals as man is driven by forces from outside as well as

inside of the environment. The spiritual dimension is solely human and man is not imprisoned or driven by any outside forces or any given circumstance. It is the area of freedom to make choices through the attitudes displayed to unchangeable situations. That is, man is not just existing but can also make changes in his life and in the lives of others.

The third premise is that the three dimensions cannot be separated because they are interwoven. In the fourth premise, each dimension plays unique roles in conditions of health as well as illness. No part must therefore be discarded.

The fifth premise is that the feedback mechanism function is not the same in each dimension. In the biological dimension, the ultimate goal of the feedback mechanism is to make the body adjust to homeostatic levels in the body. In the psychological dimension, the reinforcement processes or the use of learning, perception, conscious and unconscious processes as well as various psychological defense mechanisms help effect changes in behavior. In the spiritual dimension, the feedback mechanism operates in different ways because the knowledge of self brings change, which is the new perception of self and the new attitude towards the unchanged situation.

In the sixth premise, the term homeostasis is for the biological and psychological dimensions but not for the spiritual, because the homeostatic state is a warning sign of what Frankl termed 'existential frustration'. According to Lukas,

... tensionless state in the spiritual would indicate that the person is fully satisfied with life and has no goal to achieve in life. Man only strives for goals in life when he is not completely satisfied with life and there is still the need for him to change. When people lack the necessity to change, to create, to finish a project, to experience or at least to brave an unchanging fate, the need to live may be questioned.

This is what Frankl calls the *healthy noodymmism*, the force between what man is at the moment and what he will become. There is always an imbalance of forces between man and his world. The human spirit is termed

the noetic dimension, which is specifically human and Fabry posited that it entails thirteen human qualities as follows:

our will to meaning, our goal, orientation, ideas and ideals, creativity, imagination, faith, love that goes beyond the superego, self-transcendence, commitment, responsibility, a sense of humor, the freedom of choice.

WHAT IS THE MEANING OF LIFE?

Fabry (1987) posited that logotherapy could be viewed at two levels: as an ultimate meaning and as the meaning of the moment. The ultimate meaning is a universal order where an individual has a place. This order can be seen in religious or secular terms as it is based on individuals' world view. The order embraces the questions which Fabry raised such as:

- (i) Where do I fit into the whole life (our existence)?
- (ii) Who am I (our identity)?
- (iii) What is my purpose (purpose)?
- (iv) Where am I going (direction)?
- (v) What ought I to do (tasks)?

All these questions are raised in the search for meaning and cannot be proved until we experience 'fulfilment that comes with the search'.

The meaning of the moment is the second level of meaning. Each individual is a unique human being who has to go through a sequence of repeatable moments, each offering a specific meaning to be recognised and responded to. The meaning of the moment is found in what we do daily. A morning may, for instance, involve waking up, eating breakfast and going to work, helping our neighbours or making visits to friends. It may mean making decisions from many alternatives. This brings conflicts such as what is the best strategy to enhance performance and productivity in the workplace, what to do when one is free from work during the weekend or who to marry (if one is not yet married), what career to choose during adulthood, etc. In making decisions, we must rely on our conscious knowledge, our unconscious intuition and the voice of our subconscious.

FIVE PRACTICAL WAYS OF FINDING MEANING

According to Fabry (1987), the most practical ways that can lead us to the situations to find meaning are self-discovery, choice, uniqueness, responsiveness and self-transcendence.

The first situation is having an insight into the true side of us. This could be discovered by different means such as reading, watching films, hearing cassettes of interest to us, fantasising or dreaming, etc. Fabry stated that we discover ourselves when we can say things like, 'this is the way I am', 'that is how I feel, think or react'. It is when we know our strong and weak points. Frankl indicated three ways that can lead man to finding meaning in life as "when one experiences the works of art or nature, when one creates by making new things and, when one honestly encounters others by loving."

The second situation that can make man to find meaning is when it is realised that one has choices in all situations; that there are choices about the things one can change and choices about one's attitude regarding those they cannot change. Man may be trapped, but he is not without choice.

The third situation is the uniqueness of a person as one who is not replaceable as all experience it.

The fourth situation is the ability to be responsible to the choices a person makes. The freedom to make choices must be used meaningfully. Individuals must respond to the need of others and not make choices for themselves only.

The fifth situation is self-transcendence, which is when one moves from being self-centred to helping other persons. This is not only for the individual's sake, but also for the sake of helping. It may be because of God or humanity or for a cause the individual believes in.

PEOPLE IN SEARCH OF MEANING IN LIFE

In essence, people are naturally born to find or search for meaning. It is a basic thing in life. Citing Frankl and Kratochvil, Lukas (1986) illustrated the search for meaning in a sketch. Frankl proposed that there are two

different groups of individuals in any given population: the group that has not found meaning in life (people in doubt) and the group that has found meaning.

According to Lukas (1986), Kratochvil divided his second group into two: one group having found a 'parallel value system,' which entails a variety of equal values which the individuals engage in to be fulfilled in life. For example, a woman who enjoys her career, is hard working and at the same time loves her husband and children and takes care of the home. She also participates in church activities, devotes herself in faith during the week and still sets time aside for social activities. All her personal values are intact and she feels fulfilled. The other groups of individuals are secure in a pyramidal value system. They have their values in hierarchy, with one at the top of all the values they have. For instance, a woman focuses on raising her children and neglects all other values. As long as her children are around her, she feels fulfilled. Another case is that of a religious man who focuses on his religious activities, neglecting other values like his family, hobbies, etc. As long as all his religious activities are there for him, he is fulfilled.

Lukas (1986) posited that both groups of individuals are fulfilled in what they are doing as they have found meaning. The problem is that when there is a storm (which is inevitable in life), those in the parallel value system would have other equal values to cling to. On the other hand, those in the pyramidal value system would suffer greatly if their top value is lost or crumbles, because they would not have other equal values to cling to unlike those individuals who are much secured in the many-sided value system. For instance, the man who focuses solely on religious activities and neglects his family and hobbies would find it very difficult to adjust when he has to retire or step aside for younger ones. Likewise, the woman who devotes all her life to taking care of her children would be depressed when the children grow up and get married because she had neglected other values except taking care of the children. The woman secured in the parallel values system would have more time for

her other sided values and can easily switch to her family, religious or social activities if she retires.

A parallel oriented value system provides alternative values to replace any lost one while the pyramidal oriented value system does not and such individuals are fanatical and intolerant of others who have many-sided values. A boss whose job is his top value will find it hard to understand his subordinate who finds time for his family, hobbies or church activities. He might see the subordinate as not loyal enough to the company they work for. The same thing can occur with a pastor or imam whose top value is religion and cannot understand why some members do not attend church or mosque regularly or engage more in religious activities. People in the parallel value structure find it easy to get along with different people they encounter, but those in the pyramidal values system cannot understand other people with many values, thus they may find it difficult to form interpersonal relationships.

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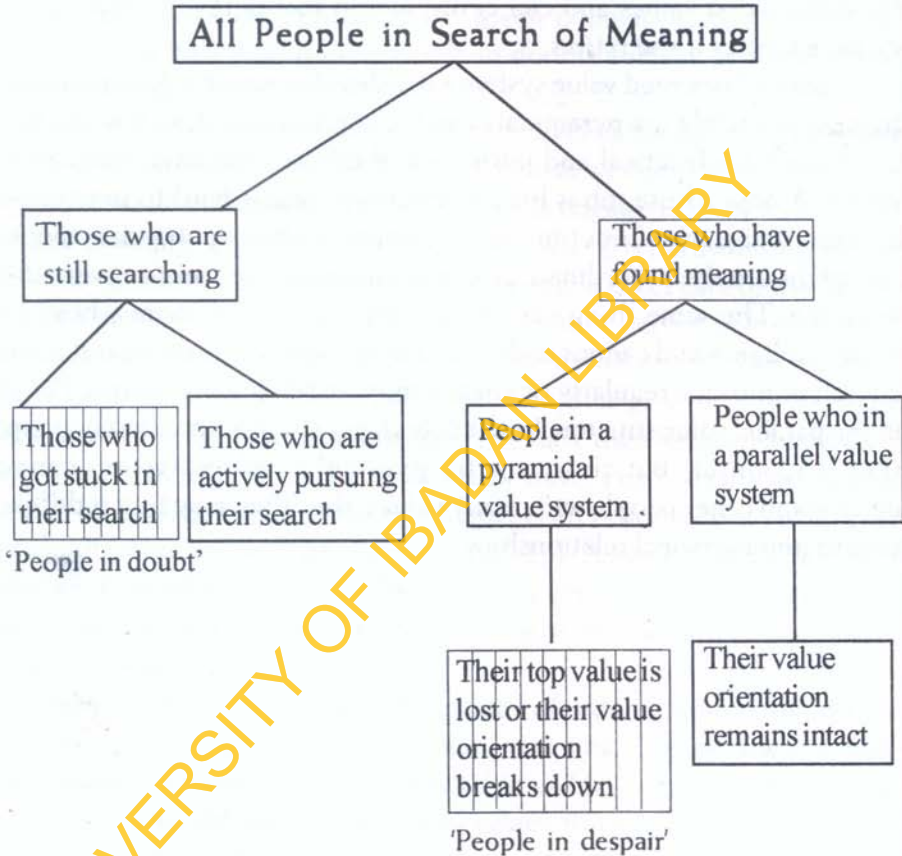


Fig. 5. Diagram showing different people in search of meaning in life (source: Luka 1986; Asagba, 2008).

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An African View and Viktor Frankl Logotherapy

ABSTRACT

The purpose of this chapter is to look into the African view and Viktor Frankl's as perceived by an African logotherapist and also a former patient. Efforts have been made to review African philosophy by differentiating traditional philosophy from the contemporary African. African religion and belief system as well as African psychology and psychotherapy are also reviewed.

A summary of Viktor Frankl's logotherapy theory in psychotherapy with Asagba's diagrammatical model of total health after Frankl's concept are made to sensitise world psychotherapists who are advised not to just sit on the gold mine without tapping it. Using logotherapy theory as a frame of reference in psychotherapy is like adding 'wisdom' to the knowledge in what Frankl called 'rehumanised psychotherapy'. This has made it a unique and important factor in cross-cultural psychotherapy.

INTRODUCTION

The number of ethnic groups in Africa, their sociocultural differences and physical environment reconsidered make it impossible to say that African people have a common view about life. But one important fact is that people who are born and raised in a similar environment will definitely

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reflect similar world view such as sociocultural condition, physical environment, past exposure, wants (needs and goals) and physiological condition when one puts them into consideration. The stability of these factors in the group will result in a fairly uniform world view (Agbaje-Williams, 1996). It is for this reason that this chapter focuses only on the Yorubas of Nigeria. Many African scholars have also agreed with these similarities. For example, Abraham (1962) sees "a certain identity in the plurality of African traditions on heritages" and Omoyajowo (1975) posited that "in Africa, the tribal societies are relatively undifferentiated and homogeneous" while Olowu (1994) opined that:

these varied conceptualisations of the spiritual components of the person have parallels with those of other West African peoples and represent similar attempts to deal with same underlying reality.

This chapter also discusses traditional philosophy, contemporary philosophy, African religion and beliefs. African psychology and psychotherapy are also examined together with the summary of Viktor Frankl's logotherapy and the Asagha diagrammatical model of total health. The author concludes with eighteen points to justify the use of logotherapy in Africa, other developing countries and the western world. These points illustrate how the use of logotherapy by every psychotherapist is a challenge not only for the betterment of their patients but also in other areas like democracy, conflict resolution, war and violence, human rights, etc.

TRADITIONAL AFRICAN/CONTEMPORARY PHILOSOPHY

Traditional African philosophy is defined here as the "collective world view of all Africans concerning the universe, man, existence, society, etc." Traditional philosophy could mostly be found through oral sources because of the unwritten nature of the subject. The means of transmission are through proverbs, myths, folktales, etc. and these are preserved from generation to generation. There is a need for contemporary African philosophers who have been using western theories to now try to

reconstruct the oral traditions and make them relevant to contemporary African situation (Wiredu, 1984; Ajayi, 1990; Oladipo, 1991).

The proverbs, for example, have been observed to be an important source of traditional conceptions and ideas which may be 'metaphysical, epistemological or ethical'.

The hierarchy of values in the African universe have been explained in different ways by many scholars of African philosophy and religion experts like Mbiti (1969) who noted that "African philosophy is a fluid continuum of interrelationships between the celestial and terrestrial realms." Soyinka (1976) described the interrelationships as "functional man/cosmos organisations." That is, African ontology is seen as being in relationship with the Supreme Being, gods, spirits, ancestors, society, man, animals, living and non-living things (Mbiti, 1969; Idowu, 1972; Awolalu, 1972; and 1979). Nabofa (1991) also made a similar description of African view of the world as:

physical and metaphysical, visible and spiritual. The world of matter and of ideas, of the profane and of the sacred. To Africa, life is realised only if the dichotomy between the sacred and the profane is removed. In other words, matter per se is not real in an African perception. It is the sacred that is real. The sacred must therefore always control the profane.

AFRICAN RELIGION AND BELIEF SYSTEM

It is very difficult to differentiate between religion and philosophy in the African belief system. There are many religious beliefs in Africa like other human races. Some are philosophical because they raise some questions which concern the 'meaning of life', the creation of man and nature, and the purpose and end of life after death. All these are philosophy in the myths and sometimes in 'rituals, dances, sacrifices, and songs' (Parrinder, 1967).

Over the decades, many scholars in African traditional religion have been working on these aspects. Scholars like Idowu (1962), Mbiti (1969), Osunwole (1996) and others postulate that Africans express their pleasure

in life and their activities through proverbs and myths or folktales. This 'world-affirmed philosophy' as Parrinder called them, revealed that life on earth is still found to be good despite man's suffering. For example, sex is perceived to be meant for enjoyment and procreation with the belief that children are given by God. They also posited that an African concept of man can be understood as being with constituent parts. This does not mean that Africans believe man has a split personality but they believe that man is an organic whole made up of the body, soul and spirit. Although the description of the concept slightly varies from one tribe to the other in Africa, there is a consensus of opinion that man is a being whose origin stemmed from God. God also determines man's destiny. African's acceptance of man's bodily constitution of many parts does not mean that they see that individuals as being equated with an animal. As a result, Africans will not take it kindly if man is being referred to as *eranko* or in English 'animal' or as being originated from an animal. Each part of man's body is considered very important in Africa especially beyond their normal physiological functions.

For example, the head (*ori* in Yoruba) has physical and spiritual attributes in Yoruba culture. There is *ori* in the physical context and *ori* which is known as the *ori inu* (the inner person). This is the essence of a personality. It rules, controls and guides the activities of man. In connection with this perspective of *ori* concept, Idowu (1962), Osunwole (1996) and Olowu (1984) stated that a successful person is called *olorire* meaning someone with a 'good head' and the opposite is *oloriburuku*, meaning 'someone with a bad head'.

The Yorubas believe that fate has something to do with destiny which they refer to as *ipinri* or *ipinori*. They believe that before birth, man kneels before God to receive his (man) destiny by firstly kneeling down to choose (*akunleyan*). Secondly, he receives a fixed and unalterable concept of life known to the Yorubas as *ayanmo o gbo ogun*. Whatever the man does later in life will be in fulfilment of the destiny he had received from God at creation. This is the phenomenon of the unconscious self that has been

greatly discussed by some scholars. Olowu (1994), citing Horton (1961), indicates:

a parallel between the Freudian ideal of an unconscious self. A purposive agency whose desires are unknown to consciousness and are frequently in conflict with it, chosen by a part of personality before birth, a curse both from the postnatal consciousness and are frequently opposed to the later aims.

Ori which symbolises personality and soul is also seen as the guardian spirit *enikeji* or 'alter ego'. This is man's double person which is in heaven and controls man's activities on earth. This, the Yorubas would say, "*Ori a gbe mi o*" meaning, "may my guardian angel guard and support me."

In Iboland also, as cited by Osunwole (1996), Father Arinze postulated that the Ibo refer to this personal guardian angel as *chi* and they would say *chioma* for a fortunate person. In the Akan society, *kra* is like *ori* which is to them the guardian spirit and the source of good or bad fortune.

Apart from being a man, 'man' belongs to a family. This is not just only the immediate family but extends to one's great-great grandparents in the genealogy of the family tree. Therefore, man is not just seen as an individual in African culture but as being in relation with the family oriented and extended ancestors and members of the community he belongs to. In support of this view, Osunwole (1996) cited Westerman's view of man in Africa as:

African society is characterised by the prevalence of ideas of the community. The whole existence from birth to death is organically embodied in a series of associations and life appears to have the full value with only those close ties.

Ray (1976) also posited that, "A person is thought of first of all as a constituent of a particular community, for it is the community which defines who he is and who he can become." He also quoted Mbiti stating that, "I am because we are and since we are, therefore I am." This view and quotation also appears in the writing of other African scholars like Omoyajowo (1975), Olowu (1994), Osunwole (1996), etc.

Awolalu (1979) illustrated this view by writing that, "In Africa, nobody rejoices alone and nobody suffers alone." According to him, this also happens when man dies. The funeral ceremonies are executed by both relatives and people outside of the family in the community.

Africans believe that man exhibits morality through man's action to his neighbour either by 'helping or hurting' because there is judgement of one's deed in heaven since the spirit of man exists before birth and continues to live after death. It is also believed that one joins the ancestors or God and there is the possibility of reincarnation. The highest value of African thought is 'power, vital energy or dynamism' according to Parrinder (1967). God, the Supreme Being, the most powerful, the Creator of all the things on earth is the perfect belief of Africans even before the influence of Christianity, Islam and other foreign religions.

After God, there are other great powers like the kings, chiefs and great ancestors who still play important roles in the lives of humans. Parrinder (1967) also illustrated African religion-ontology as a triangle where God is on the apex and has the highest power while lesser gods are on one side and at the base are forces, magic and medicine.

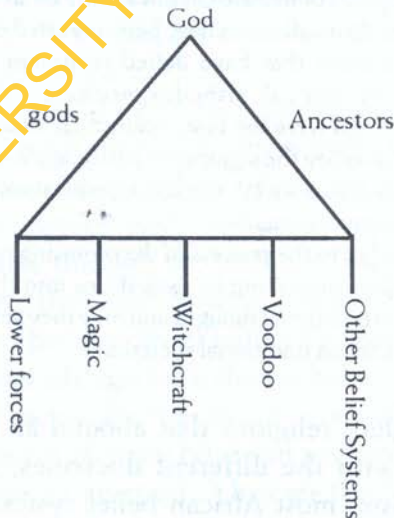


Fig. 6: Africans' concept of God after Parrinder's (1967) description.

Man is seen in the middle and must live in harmony with all the powers that affect his life, family and work. Parrinder (1967) illustrated further that life, health and material wealth are exemplified by good magic and medicine men, witches, diviners/*babalawos*, imams, priests or pastors who are consulted because of their knowledge of the Supreme Being. Through manipulation, they could effect their clients' wishes.

This is a result of lack of 'scientific conception of cause and chance' in African conception of reality. Many events like wealth, health and illness do not happen by chance but are attributed to the gods as causal factors. They are not able to distinguish between the natural and supernatural. The concept of diseases is also related to this view. For example, diseases could be physical – the ones that mostly occur naturally - or nonphysical – the ones that are caused supernaturally. Apart from medical solutions provided by the *babalawos* or diviners, other forces must be consulted such as magic, spirits, witchcraft and sometimes sacrifices and other rituals must be done for the client to be well (Awolalu, 1979).

Oladipo (1991) and Awolalu (1979) remarked that:

This dualistic conception of disease cannot simply be dismissed as a product of ignorance. After all, cases have been reported of success in the treatment of ailments that have defied treatment within the framework of what we now call orthodox medicine. Not all these claims are empty. If this were the case, traditional medicine would not have continued to enjoy the significant patronage it still enjoys – a patronage that cuts across social, economic, educational and even religious divisions in our communities.

It is time to begin the process of decolonising our minds so that we can undertake painstaking investigations into the nature of causal explanations in traditional thought and how they serve to direct the practice of medicine in traditional societies.

Despite all the modern religions that abound all over Africa now, especially in Nigeria, with the different doctrines, morality system, scripture and universalism, most African belief systems, remain intact. They are still dogmatic in their belief that some among those who had

embraced the new religions are still being influenced by their beliefs and myths," Parrinder (1967). Olowu (1994) had cited Makinde (1976) that some students are frequently consulting *babalawos* or diviners to ask of what their *ori* has in stock for them.

Many tertiary students are being suspended yearly for their involvement in secret cults. Despite the report of their expulsion, they are not perturbed from taking part in this act. It is not surprising to see many university dons consulting diviners or priests before embarking on a journey, business ventures or projects (Asagba, 2006 and 2007).

AFRICAN PSYCHOLOGY/PSYCHOTHERAPY

African psychology/psychotherapy, like its western counterparts, is as old as humanity. This could as well be referred to through proverbs, myths and folktales which are mostly unwritten like African traditional philosophy.

Morakinyo (1982) had described myths fully in *ifa* literature where one *ayanmo* myth could be used in psychotherapy for mental illness. Sharing of cultural and metaphysical world view with their clients/patients have made the traditional healers/diviners quite effective psychologists/psychotherapists in Africa.

Madu and Adejumo (1991) had documented their research on the Yoruba traditional birth attendants where traditional practitioners in their study used incantations to effect relaxation – which was one of the psychological techniques used – until the missionaries and colonialists enlightenment came through the building of schools, hospitals, colleges and universities did they start applying psychology/psychotherapy with western theories either directly or indirectly. For example, works of many scholars about a decade ago have shown some of those theories used in Nigeria over time such as the theories of personality edited by Uba (1987) with the contribution of many Nigerian psychologists that applied each theory to the Nigerian situation. They are the Psychoanalytic Approach by Sigmund Freud – Anselm Uba; the Neopsychoanalytic Approach by Carl Jung – Ifedayo R. Boyinbode, Alfred Adler, Frank C. Carew, Erich

Fromm – M.P. Malum, Karen Horney – Theresa Abang, Henry A. Murray – Daniel Denga, the Interpersonal Approach by Harry Stack Sullivan – Andrew Igbo Joe, the Trait Factor Approach by Gordon Allport – P.O. Nwaogu, Raymond B. Cattell – Daniel Denga, the Constitutional Approach by William H. Sheldon – A.O. Orubu, the Field Theory Approach by Kurt Levin – Christie A. Achebe and Augustine Nwaoye, the Development Approach by Erick Erikson – E.B. Wilson, the Humanistic Approach by Carl Rogers, Frankl C. Carew, Abraham Maslow – Anthony S. Onyehalu, the Cognitive Approach by George Kelly – Alphonsus Ikeotuonye, the Behavioural Approach by B.F. Skinner – Amos A. Alao, Albert Bandura – O. Adamolekun, Jullian Rotter – Akin Odeunmi, the Limited Domain Approach by David McClellan – Donatus Owuamanam, Herman Witkin – S. Harrison Umoh, Leon Festinger – A.A. Olowu, Hull C. Leonard – Edward Famojuro.

Lasebikan (1986) who is a psychologist had also demonstrated his successful use of pastoral counselling techniques which he called "faith healing" like other pastors in some churches and imams in some mosques to effect the cure of many ailments.

Unfortunately, African psychology/psychotherapy has not yet been incorporated with the western ones. They have been in parallel use despite the scanty documentation of their successes. Many scholars are questioning the efficacy of psychology/psychotherapy. For example, Olowu (1994) posited that the people of the "third world have, for years, been questioning the appropriateness of western psychological concepts in cross-cultural settings." He cited Lambo (1956), Morakinyo (1976), Prince (1962), Asuni (1967), Mbiti (1969), Olatawura (1975), Makinde (1976) Euriquez (1977) and also gave example of the Oedipus complex which he said is not possible in African culture because of the family setting.

It was discovered in many literature and in discussions with colleagues in Nigeria, including the author's experience of African patronage of

psychologists and psychotherapists which are limited to universities and other governmental institutes, that majority of Africans visit priests/diviners/pastors or imam (Muslim priests) because of the same world view they all share on the disease causation unlike psychologist/psychotherapists who are trained with western theories.

Efforts are now being made by some psychologists to create a non-governmental practice which is outside the university setting. For example, Prof. Olowu, the former Dean of the Faculty of Social Sciences, Obafemi Awolowo University, Ile-Ife, Nigeria is directing the Ife Centre for Psychological Studies. He is also the chief editor of a journal; *Ife Psychologia*, which deals with cross-cultural issues and the chairman of African Regional International Association for Cross-cultural Psychology. He organised a regional congress in Africa on 23 – 27 of July, 1995 at the OAU which attracted many experts from different countries.

Also, the author is the Consultant and Managing Director of the Medical Self-help, Psychotherapy/Counselling and Referral Centre (MCAR) in Ojoo, Ibadan, Oyo State, Nigeria. While trying to integrate logotherapy into African psychology/psychotherapy, she has currently conducted a research on some standardised tests of logotherapy in Nigeria and also coordinated successfully the first Viktor Frankl memorial lecture in Nigeria in 2005.

Furthermore, Prof. Ebigo of the University of Nigeria, Enugu, is the coordinator of the International Federation for Psychotherapy (IFPI). He is making efforts to integrate African psychology/psychotherapy with western theories. He had successfully held a first national conference of IFPI in 1994 which attracted many disciplines. He had also developed his own therapy which is suitable for the Nigeria culture and established his centre at Enugu. The three centres are ready to work in collaboration to promote the integration of African psychology/psychotherapy with western theories in order to encourage people's patronage for psychologists/psychotherapists in Africa (Olowu, 1995; Ebigo, 1995).

Prof. Awaritefe had also developed the Mesorin theory which is a psychological treatment approach based on certain African beliefs and practices in 1995 (Awaritefe, 1995).

There are, of course, many pioneer works from other colleagues in Africa. Because of the economic crises in Africa, effective communication is a bit difficult across Nigeria and across Africa as a whole. At present, logotherapy is being used among colleagues in Africa either directly or indirectly. For example, Prof. Olowu's inaugural lecture on personality with the title, 'The Exploration into the Person' had been mostly based on logotherapy theories without reading books on logotherapy while Ebigbo (1995) is currently using logotherapy in his IFPI Centre. In South Africa, there is the Viktor Frankl Foundation where journals on logotherapeutic issues are being published. The University of South Africa is also offering courses on logotherapy. Plans are on the way to have Viktor Frankl Logotherapy Institute in Nigeria.

SUMMARY OF AN AFRICAN VIEW AND VIKTOR FRANKL LOGOTHERAPY

Definition

As emphasised in the previous chapter, logotherapy or existential analysis (*existenz-analyse*) was named by Viktor E. Frankl of Vienna, the founder of logotherapy, who is popularly known as "the Third Viennese School of Psychotherapy" that is, Freud's psychoanalysis and others' individual psychology. As Frankl (1986 and 1988) had pointed out, logotherapy was named from the Greek word *logo* which means 'the meaning of being'. Therefore, logotherapy is a 'therapy through meaning'. Fabry (1987) also described logotherapy as 'through searching for the meaning'. Grumbaugh (1988) defined it as, "treatment through finding meaning and purpose in life" (Asagba, 2006, 2007).

According to Frankl, the word *existenzanalyse* was first used in 1930 as an alternative name for logotherapy. In the English translation of

existenzanalyse, it was called existential analysis which was the same translation with *daseinanalyse* which late Ludwig Binswanger had selected for his own writing. Frankl did not want to cause confusion with the same English translation from different writers in the 1940's. Therefore, he had held on to his own word, *logotherapy* (Frankl 1988; Asagba, 1993; Grumbaugh, 1988 and Fabry, 1978).

Frankl (1984) saw logotherapy as not only an analysis of being or existence but also therapy. Therefore, there are basic concepts involved in logotherapy which are connected together: the freedom of will, will to meaning, and meaning of life.

The first one, 'the freedom of man' that is, free not from physiological, psychological, sociological or cultural situation but free to take a stand in any condition he finds himself, especially from unalterable conditions. The second one, 'the will to meaning' is what Frankl sees as man's primary motive in life. Man is constantly in search for meaning. He sees Freud's 'will to pleasure' and Adler's 'will to power' as derivatives of the original 'will to meaning'. Pleasure is seen as an effect of meaningful fulfilment while power is a means to an end.

The third basic concept is the 'meaning in life' which is different from one person to another and from moment to moment. Man must therefore be in search for his meaning of life by himself, because meaning cannot be given to anybody. Frankl noted three avenues that man may be able to find meaning in life:

1. Through creative value (what we give to life).
2. Through experimental value (what we take from life).
3. Through attitudinal value (the stand we take towards a fate we no longer can change).

The third avenue includes what Frankl (1988, 1986, 1978, 1967 and 1963) called 'tragic triad of human existence' which are pain, death and guilt. These are inevitable as everyone has to pass through them in life.

History

According to Lukas (1984, 1984a, 1988), "the search for meaning is as old as humanity." This distinguishes man from animals. It has been with us from the beginning but is now critical at the turn of the twentieth century because of changes in our traditional ways which made Frankl to discover this theory as far back as when he was a 13 year old student. In the 1920's during his natural science class, he questioned his teacher, "what meaning does life have, if life, at the end of analysis, had nothing but 'oxidation process?'" On the contrary, many writers believed that Frankl had discovered his theory from a concentration camp. At the age of 17, he was in high school when he gave a lecture in Vienna on the meaning of life. Kalmar (1986) noted that the two main points he made during the lecture which had been the foundation of his theory today were:

1. that life leaves it to us to find what is meaningful; and
2. that the ultimate meaning of life is beyond the grasp of interest but it is something we can only live without ever being able to define cognitively.

As a medical student and later a member of staff at Vienna's most popular institution in Steinhof. He intuitively developed the basic concepts and used his patients' experience to develop the various techniques and applications of logotherapy which was expanded with his experience in the concentration camp which was his human laboratory.

He was not at all in isolation. He came in contact with Freud and Adler during their lives. According to Frankl (1988) himself:

I was affiliated, one way or another, with the Freudian and Adlerian schools. As a high school student, I met him. As early as 1924, I corresponded with Sigmund Freud and as a medical student, a paper of mine was published by him in his *International Journal of Psychoanalysis*, and not more than one year later in 1925, I published a paper in Alfred Adler's *International Journal of Individual Psychology*.

As Fabry (1981) had written about Frankl's relationship to Freud and Adler:

Frankl started out as a medical student. His influential teacher, Alfred Adler, introduced individual psychology as a treatment for the sick. Adler's teacher, Sigmund Freud, developed psychoanalysis as a medical method. Logotherapy which was the child of individual psychology and the grandchild of psychoanalysis was also conceived as a method of curing the sick.

Frankl (1986) saw himself, Adler and Freud as the three giants standing on each other. As Adler hanged on Freud's shoulder, could see further than Freud while Frankl on Adler's shoulder, could see further than Freud and Adler.

After his release from the concentration camp, he was blessed with many achievements. For instance, he worked on logotherapy in both his university lectures and his practice in the Poliklinik Hospital. He had delivered numerous lectures throughout Europe, the USA and many other countries. As visiting professor to many universities in the USA, he had received many honours and awards in various parts of the world which are displayed in his house. Some of his awards could be viewed in his library shown in the photo section. He is a man who not only developed his theory but lives by it. This was witnessed in the First World Psychotherapy Congress where he was honoured by all the experts present there.

He had shown how to live with what he called the triad of human existence (death, pains and guilt). A man of ninety-two plus with partial blindness who could deliver a key note address during the conference had surely proved it beyond doubt that man always has meaning in life even up till the last breath.

Logotherapy Techniques

Lukas (1984) saw four important techniques in their practice which are:

1. Paradoxical intention
2. Modulation of Attitudes
3. Dereflection
4. The appealing techniques.

Frankl (1984) and Fabry (1981) posited that logotherapy could be applied to five types of patients: neogenic neuroses, phobias, obsessions, compulsions, sexual dysfunction and other cases which are rooted from hyperreflection and hyper-intention. Lukas (1984) also gave a list of logotherapy techniques that could be used for different symptoms. Fabry (1981) also gave at least 'five areas of meaning'. Areas which psychotherapy could be used to lead patient/client to find meaning are:

1. Self discovery
2. Choices
3. Uniqueness
4. Responsibility
5. Self transference

He, however, noted like Frankl that meaning cannot be prescribed but can only be described by logotherapists.

Logotherapy has either direct or indirect impact in all the eleven attributes which are in the intentional counselling, as Ivey and Dowing (1980) had posited that eleven attributes make intentional counsellors which are:

- (i) goals of helping
- (ii) generation of responses
- (iii) world view
- (iv) psychological theories
- (v) cultural intentions
- (vi) confidentiality
- (vii) limitations
- (viii) information gathering
- (ix) interpersonal influence
- (x) human dignity
- (xi) general (Asagba, 1993, 2005).

Grumbaugh (1991) remarked his experience after a hundred-years of theory of psychotherapy and many books written on it of which he contributed to three. He found four principles common to all the schools

of psychotherapy especially psychoanalysis, behaviour therapy, cognitive therapy, reality therapy and existential therapy, that is, Frankl's logotherapy. These four principles are catharsis, insight, re-education, and relationship.

In practice, he found the best results with his patients/clients by using logotherapy. He believed that logotherapy is not primary therapy per se but rather a philosophy of life which, if adopted, can prevent the need for therapy in the majority of people. When he first met Frankl in 1969, according to Grumbaugh, Frankl:

considered logotherapy as an adjunctive therapy to supplement an independent therapy. But subsequent studies suggested that it is the therapy of choice in 20% of a typical clinical case load and the primary diagnosis would probably be neogenic neurosis.

Lukas (1989) made it clear that the use of psychotherapeutic lenses to see through patients/clients are not enough. We have to use philosophical and theological lenses too, and even these do not reveal the suprahuman dimension, as it could only produce a reflection of it. According to Lukas, 'Logotherapy calls this reflection 'the meaning of the moment' or 'the demand of the situation'.

Asagba's Diagrammatical Model of Total Whole Being after Frankl's Concept

The ever long question asked by counsellors, psychotherapists and other personnel is 'what treatment is suitable for which individual and under what conditions?' Because of the multifactor problems of clients seeking for help in daily practice, they do not match with only one theory. It is now generally accepted that multimodal approach in practice is a very important concept. The cultural factor plays a great role as well. Until this era, we all know in the profession that there is not yet a single theory that would answer all problems of different clients being discovered. The closest to such theory, which is logotherapy, had been very slow in the world of psychotherapy because of its failure to be translated from German to other languages.

Frankl believes that the total health of a man comprises of somatic/body, mind/psyche and spirit/noetic dimensions which, according to him, some experts had theorised something close, such as Hartman's ontology theory, Max Scheler's anthropology theory and Saint Thomas Aquinas in his *unitas multiplex*. He preferred to describe man as *unitas* in spite of his multiplicity. Frankl (1988, 1967) had tried to bring the first two theories which he called 'dimensional anthropology' and 'ontology' by making use of the concept of geometrics as an explanation of the figure.

Frankl's (1988) two analogies could be applied to anthropology and ontology in that when counsellors/psychotherapists project man into biological and psychological dimensions, it may likely lead to contradictory results. This is because two patients may have the same symptoms but one may have a biological problem while the other's may be psychological. It is also possible that one may have both of the two problems. The views of body and mind of human existence may be at variance with each other but when one sees them both in terms of 'dimensional anthropology', the variance might not be with the unit of person as a whole.

After the author personally went through all available therapies from various schools of psychotherapy like psychodynamic, behavioural therapy, humanistic approach, etc. it was found that logotherapy does not only directly or indirectly meet the multimodel approach but coupled with nationality, emotion, religion and culture of individuals (Asagba, 1993).

The effectiveness and importance of logotherapy, both the theory and methodology, is not only good for western cultures but also for the so called 'third world' because of the same world view they share on the nature of logotherapy. As written earlier, Africans could not differentiate between natural and supernatural, which Frankl called supra-meaning, that is, beyond human conception. In the same vein, they both see man as to be understood by his constituent parts: biological, psychological and spirit which are interwoven and cannot be separated. Asagba (1993, 1994) used this concept to develop a diagram. The illustration on page eighty-seven (figure 12) shows the

spiritual dimension which Frankl called supra-meaning, that could be religion or non-religion. At the middle of the apex is sacred mystic/magic type voodoo or witchcraft.

At the right of the triangle are the A B C of a healthy person and a sick person, and P for professionals. For example, a healthy person mostly has a good self concept, that is, a positive self image while the use of any of the defensive mechanism are minimal in order to maintain psychological adjustment. An active acceptance of his achievement or lifestyle is also important here. A sick person in that dimension has a low self-esteem and may excessively use two or more of those defensive mechanism in his daily communication. He may also find it very difficult to actively accept his sickness and may exhibit most of the psychological symptoms. The left side is the somatic/biological dimension which in health, man must have (a) well nourished food (b) exercise and (c) healthy lifestyle. These also appeal to the sick person with the required phamacotherapy as in the case of an AIDS patient. Between the psychological and biological dimensions are the society, culture and environment of a man which are (for the healthy person) (a) good support from family, friends or teachers and good relationship with the healer (b) availability of welfare or social security (c) adequate financial ability for medical care; whereas, for the sick person, they are the opposite.

We share the psychological dimensions mainly with animals. This area is flexible and can be manipulated so also the human beings. Although, we can use various defence mechanisms and other ways to adapt and survive, we must understand here that while those defence mechanisms are very protective and important for our daily life (psychological adjustment), excessive use of those stated defence mechanics in the Asagba's diagrammatical model of total health may lead to psychological maladjustment. Psychotherapists, caregivers or healers must be aware of these so as to facilitate the treatment in psychological dimension.

The noetic dimension, which is the spiritual part, is solely in human. This is the possibility of free choices of attitude one has towards

unchangeable conditions like a chronic disease. This dimensions makes one unique and different from plants and animals. As for Frankl (1988, 1986); one is not just biology and psyche as Freud had opined, but basically human comprising of biological, psychological and the spiritual dimensions, and this should not be interpreted only in the religious sense. He stated thus:

along it is mankind noetic dimension that leads people to raise such issues as liberty, responsibility, a sense of value the search for the meaning of life and religiosity.

All dimensions must be taken into account when dealing with a patient in order to give the best treatment or therapy. Therefore, medical doctors or other paramedical personnel alike must treat their patients in totality. For example, AIDS patients must not only be medically treated but must be given psychotherapy/counselling both before and after the diagnosis. Where the medical doctor is not competent, the patient must be referred to the right source.

Traditional healers must be able to share knowledge with the medical doctors so that working in partnership would be facilitated. Spiritual leaders (priests/pastors/imams) must be able to let their patients receive medical treatment in conjunction with spiritual healing so as to facilitate their quick recovery. Psychotherapists must have a knowledge of different models so that they can be used as tools in psychotherapy. Where he/she knows that he/she is not competent, he/she must refer the patient to the right psychotherapists who can provide help.

The totality of a patients/clients should always be considered when dealing with them. If one feels incompetent in a certain area or dimension, reference should be made to other specialists who can give further assistance. When a person is in good health, the totality of health must also be maintained. For example, good nutrition, exercise and other healthy lifestyles must be maintained.

Conclusion: Justification for the Use of Logotherapy in Africa and the World

1. The world is now a global village compared with the period of the Cold War or the reign of the two super powers. Psychotherapists all over the world are advised to include logotherapy in the tools used in the practice because of the phenomenological approach Frankl used as a base in his theory. Therefore, whichever world view a psychotherapist processes could be used to treat his patient without preconceived ideas. This would help psychotherapists both in developing and western countries who rely only on their world views without regard to the clients.
2. Logotherapy is the only therapy as of now that is very suitable for the 'third world' culture and the west as a whole because of its briefness when compared with other therapies such as the psychoanalytic approach. Apart from this, African culture does not favour a long term therapy because it loses its face. That is, psychotherapy/counselling is not originally an African culture but if applied, the client would fail to finish the rest of the sessions.

Therefore, Logotherapy is very good in Africa especially Nigeria where the present economic situation is not favourable. Clients would feel healthier to undergo short term therapy rather than a long term one. For example, experience with medical practitioners interviewed both in private and government hospitals showed that most of their patients had never finished their treatment because as soon as they feel all right, they discontinue their treatment, even when completed they never go back for reviewing or terminal session (Asagba, 1992 – 1996).

3. Logotherapy is open to both religious and non-religious persons. A religious person can find comfort in it through the type of religion he practises which is an upper dimension unit of man as Frankl (1984) called it (noetic-dimension). Frankl sees this spiritual dimension as not the same with religion. The religious person could, through it,

achieve comfort by his own believe in God, while a non-religious person could also achieve comfort through an arousal of his deviant spiritual power that allows him to change his negative attitude to a positive one by accepting to carry his 'cross' with smiles and endurance along with the unchangeable fate in life. This is known as 'modulation of attitude'. As already written on African world view, Africa is so complex from village to town and from city to state that the people either consciously or unconsciously believe in traditional ways, that is, no matter how intellectual or educated they are, they will still believe one way or the other in taboo or voodoo. For example, if a child is sick, it is believed that it might be caused by someone in the family who does not like the parent, or a man's involvement in a motor accident is as a result of one of the family members who does not want the man's progress. These are common in most African families. A professor might like to consult a traditional healer or priest or Muslim imam/elder before travelling or doing any important project as earlier mentioned. It is not surprising to see some educated ones who deny this in the public but go secretly for such consultations.

Logotherapy (in supra-meaning) is only a psychotherapy that allows such people to maintain their ways. Logotherapy gives room to all believers or thinkers. Since man cannot prove there is a higher power, it is wrong to disagree that it is not there. Frankl posited that:

supra-meaning is no longer a matter of thinking but rather of believing. We do not catch hold of it on intellectual grounds but on existential grounds, out of our whole being i.e. through faith.

In the *APA Monitor* of June 1995, Scott Sleek, the monitor staff, had written on the inclusion of 'Spiritual problems in DSM IV'. According to her, "religious ideals, is appearing to be gaining recognition as successful psychological tools." Douglas Bol was also cited and quoted:

Scientists traditionally contended that religious faith cannot be measured but are beginning to realise that its impact on a person's life

is measurable. Almost all people, even agnostics and atheists have a life based on a statement of faith. We are saying that psychotherapy is not a valueless process.

It is however saddening to discover that despite all the recognition of the spiritual aspect of man by many scientists, none of them, apart from a very few ones and logotherapists, have made reference to the work of Frankl who discovered the 'noetic dimension' since 1925 – 1940s. Recently, Jones (1994) extensively worked on his proposal on how religion and psychology could actively function together 'as science and as an applied professional discipline' but unfortunately, there was no reference made to Frankl's work who had propounded the same. Likewise, other psychologists like Hosmand (1995), Ward (1995), Weis (1995), Jones (1995) had commented on the Jones' article.

4. Logotherapy emphasises human dimension. Many practitioners, especially psychotherapists, are now aware of the importance of patient/physician relationship or clients/therapists. Frankl had always maintained that what matters in the therapy is not techniques but rather the human relations between the doctor and the patient or the personal and existential encounter.

This is where Lukas (1984) and Asagba (1993a, 1994 a – b) had also demonstrated the practical application of logotherapy in many fields of human behaviour. It can spread what Lukas called a 'psychological safety net' under people not only in the western world but also in developing countries. The tools it provides for psychotherapy is what Frankl called 'medical ministry' for the suffering. This care for client is supplied through knowledge and wisdom. The logotherapists' knowledge according to Lukas (1984), is based on their understanding of human nature. Their wisdom prevents malpractice and provides professional ethical guidelines.

Scientific knowledge alone is not enough to keep us healthy. Knowledge must be complemented by wisdom. This is true even for clinical psychology whose therapeutic techniques and psychological strategies too easily propel clients into subhuman channels that plunge them more

deeply into illness. Therefore, Lukas suggested three ways of logotherapeutic wisdom that may have significance for psychotherapy or clinical practice which should be considered as one of the basic values and goals of all therapists with these ethical guidelines:

- (a) The normalisation of an important aspect of psychotherapy.
 - (b) The encouragement of self-help of the client.
 - (c) By not taking away responsibility from the patient/client but only directing and assisting to carry out their own responsibility.
5. Logotherapy is seen as an agent of orientation that is, Frankl's two laws of dimensional ontology orients all scientists and practitioners in Africa and the west on the importance of seeing the multidimensional patterns of man. He postulated that, "the multidimensional etiology of neurosis requires what I would like to call a dimensional diagnosis." Therefore, 'what holds for diagnosis is true of therapy as therapy must be multidimensionally oriented.
 6. Logotherapy is a unifying agent unifies all theories by allowing logotherapy to be used as therapy or as complement where it is applicable. Frankl saw Freud and Adler's theories, like all other theories, as very important too but found human dimension's addition to the treatment of patient as the most effective. His theory would help unify different theories in Africa and in the western world if the principles of logotherapy could be used.
 7. Logotherapy is an 'agent of reconciliation' to use Lukas' words. She posited that this reconciliation could be in three ways.
 - (a) Among academic disciplines where every specialist only concentrates on his/her special field without regard to others. Often, there is lack of confidence between different professionals, for example, doctors and psychotherapists or psychologists. In Africa for example, doctors and traditional healers as well as doctors and other paramedicals are oftentimes not always in good working relationships. Therefore, the use of logotherapeutic principles would help promote cooperation between all professionals and all disciplines as well in our today's global village.

- (b) The ability to bring various nations together as a world community has also made logotherapy unique. Apart from therapy, politically, the use of logotherapeutic principles all over the world helps to solve global conflict, war, violence and human rights problems (Asagba, 1996).
- (c) According to Lukas, logotherapy is an agent of reconciliation among various religious and non-religious groups.

Logotherapy is essential in Nigeria where there are cases of religious intolerance. Many lives have been lost because of religious conflicts, for example, the recent Jos religious conflict in 2008. The Middle-East crisis is another related example that requires logotherapy.

In addition to those three points above as given by Lukas (1989), the author would want to add family reconciliation. It reconciles children with children, parents with children, all individuals in the family as well as families with another, especially in Africa where there are many polygamous households.

8. Logotherapy is also known by Frankl, Fabry, Lukas and Grumbugh as logo-education because it is not just a transmission of tradition and knowledge but also the use of Socratic dialogue where the objective is to let everyone be informed, sensitive and responsible. Also, responsiveness is required. As logotherapy uses these terms, responsibility is imposed from the outside while responsibility is freely chosen (Asagba, 1996; Fabry, 1987).
9. Logotherapy is also seen as logo-philosophy. According to Fabry (1987), it allows man to be aware of wrongs and rights. Those wrongs or failures could be learned from and rectified where they could. It allows man to see the good qualities in himself so that one might like oneself and appreciate one's accomplishments and other achievements in life. He also posited that, "logotherapy itself is therapeutic prevention and cure "which are very important to Africans and all people worldwide.

10. Logotherapy could be used to solve problems of urban population in Africa as well as in western countries. This is the age of bad economy all over Africa and other third world countries. The people have resorted to breaking the long traditional laws, morals and norms to follow western lifestyles and as a result, have left the rural areas for the cities in search of white-collar jobs. Presently, most youths have lost their identities. The question: Who am I? What am I going to become in life? have given them problems. As such, they resort to drug addiction, cultism and other criminal activities. Not only youths from poor families but also those from affluent families and other groups have also resulted in what Frankl called existential vacuum and both groups need logotherapy. This also identifies the changing traditional values in the west (Frankl, 1988).

11. Logotherapy could be used to solve the question of power and pleasure which are now the dominating motivational factors in the lives of Africans. African people, especially Nigerians, can do anything to get to a particular status. They pursue pleasure in different ways: sexual promiscuities, accumulation of wealth through illegal means (never satisfied with having fleet of cars and houses at a time), etc.

In Africa, almost everyone likes to be in power without the readiness to work with any leader wholeheartedly while those in power usually do not like to relinquish it. It has made democracy very difficult to achieve. Logotherapy is what can help guide these people to know all the implications of power, pleasure drive and motives by exposing them to logotherapeutic principles.

12. Logotherapy could be used in adult development in Africa and the west by exposing them to the three avenues of meaning in life which are creative values, experimental values and attitudinal values which would help African nations to develop both mentally and spiritually. As a result, high productivity would be enhanced.

13. Logotherapy helps ageing people to have positive attitude towards themselves and to accept themselves as they are by bringing out the

creativity in them and enabling them to experience the good things in life whatever the handicap they might have.

14. Logotherapy can serve as a bibliography which patients could read and get well with or without undergoing therapy from logotherapists. Many successful patients have documented their experiences in the literature while Frankl have given lectures on the many lists of patients (in which a book has changed the life of the reader and of other case). Also by experience, a book has saved his life by preventing him from committing suicide. It has also saved prisoners and people with cases of chronic diseases and terminal illnesses.

The author could testify to this herself because she had used one of Frankl's book titled, *Man's Search for the Meaning* to cure her reactive depression in 1987, discharged herself from the psychiatric ward and did not take anti-depressive drugs. Apart from a recurrence in 1991 and 2000 due to what Frankl would call existential frustration which she quickly rectified, she had been freed from any major symptoms since (Asagba, 1990).

15. Logotherapy could be used to effectively manage uphill and downhill sports performances that characterised African sports. Since the sports are now commercialised, if African sportsmen and women are trained with logotherapeutic techniques, it would reduce what Frankl termed hyperreflection syndrome they always face. This can be achieved by competing with oneself rather than with others which would help improve performances (Frankl, 1984).

16. Prof. Frankl was an experimenter and at the same time a subject in the concentration camp – his human laboratory. He is an inventor whose model or theory he had not only invented but also practised.

These theories one could read in his numerous literature. He is a role model for the youth, all professionals, handicapped people and old people all over the world.

Grumbaugh (1991) had referred to Fabry's statement on Frankl when he said "Frankl is logotherapy and logotherapy is Frankl." He postulated

that Frankl is the 'greatest psychiatrist' whose philosophy of life is capable of solving human problems in today's world.

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It must be noted that this chapter was the paper that was dedicated to Prof. V.E. Frankl, his family and all the people who share the same Frankl's logotherapy concept on the occasion of the First World Council of Psychotherapy Congress in 1996 and the 1000 years of psychotherapy in Austria. It was accepted for presentation when the author was a consultant and managing director at Medical Counselling and Referral Centre, Ojo, and a graduate student of Religion and Belief System at the Institute of African Studies, University of Ibadan.

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Logotherapy and Education

INTRODUCTION

The main hypothesis of Frankl's existential analytic theory is that man's acts are intentional because he wants to seek meaning in his life. This is not just a hypothesis because it has been proved with several studies. For instance, Frankl (1988) stated that:

logotherapy has become scientifically established on the grounds of research based on tests, statistics and experiments:

1. So far, we have the ten logotherapeutic tests of Walter Bockmann, James C. Grumbaug, Dansart, Durlak, Kratochvil, Lukas, Bernard Dansart, Bruno Giiogi, Ruth Habias, R.R. Hutzell, Gerald Noiviacic, Elisabeth S. Lukaas, Leorand T. Maholick and Patricia L. Starck.
2. As to statistics, we can point to the outcome of research conducted by Brown, Casciani, Grumbaug, Lunceford, Mason, Meter Murphy, Planova, Popelski, Richmond, Roberts, Ruch, Sallee, Smith, Yarnell and Young. Their works constitute the empirical evidence that, indeed, people can find and fulfill meaning in their lives irrespective of gender or age, IQ or educational background, environment or character structure, and finally, irrespective of whether or not one is religious and if he is, irrespective of the denomination to which they may belong. The authors have computerised hundreds of thousands of data obtained from thousands of subjects in order to find empirical evidence of the unconditional potential meaningfulness of life....
3. As to experiments, L. Solyom, F. Garza-Perez, B.L. Ledwidge and C. Solyom were the first to offer experimental evidence that the

logotherapeutic technique of paradoxical intention is effective. More recently, L. Michael Ascher and Ralph M. Turner have come up with a controlled experimental validation of the clinical effectiveness of paradoxical intention in comparison with other behavioural strategies.

Also, other current researchers such as Asagba (2002, 2005), Shek (1993), Guttman and Cohen (1993), and Barnes (1993) have presented many experimental works.

Logotherapy is also known as Existential Analytic Theory which was developed in the realm of psychiatry and psychology. Although the founder, Frankl, in the 1930s, developed logotherapy in the realm of psychiatry and psychology, it has not eliminated the pedagogical principles and applications in which the concept is mutually inclusive. The theory is also anthropological in nature which has made it unique in the sense that it embraces many disciplines by emphasising "initiative responsibility and instructive approach to difficulties and crises" (Niemi, 1987b). This theory does not totally agree with some motivational theories which are rooted from homeostasis (based on pleasure or power principles) as the most important factor in modifying behaviour. Instead, the theory considers values and purposes as more important. The feeling of doing something important in life can make a great effort in energising man's deviant spirit to face many difficulties and overcome them.

According to Niemi (1970/1987a and b), Frankl's existential theory can be applied in school and teacher education. It guides students on how to find meaning in life in terms of initiative and responsibility. The theory helps solve major problems facing schools these days such as human relationships, which has to do with the emotions and quality of knowledge in the learning process at school. Teachers' work and identity are the areas of importance on which Frankl's existential philosophy has had a great influence. This is because Frankl does not see teaching as a one-sided affair in which teachers must impart only knowledge to their students. He emphasises more values and deeper dimension on teaching new developments in learning.

Recent scholars such as Niemi, Frankl and others moved away from the concept of behaviourism which placed much emphasis on external stimuli as the determinant factor in modifying behaviour. Most of the contemporary learning theorists believe that learning is an active process because a learner's cognitive activities influence the environment and the environment changes the learner's cognition. This means that the learner's beliefs, thoughts and expectations during the learning process are very important in learning. Therefore, they emphasise that learning is an active process which can only be explained by external stimuli. However, internal stimuli, which is what is going on inside the learner, is also important in the learning processes. Several studies have made a lot of discoveries and contributions on how memory is important in restoring and recalling learning materials. Because the learner's constructs are created during the learning process, they are very vital to learning, enabling the learner to understand and organise his/her world. This is achieved by using strategies such as organising information in form of mnemonics, questioning, spreading out, arranging or reworking materials and also managing time. In these ways, learners are actively learning and could, therefore, be seen as active agents that interact with the environment. If the learner is to be seen as an active agent of a learning process, then that kind of learning taking place must be very meaningful to the learner before he can actively learn without being coerced or forced to do so. When learning has meaningful tasks, the learner will be motivated intrinsically rather than extrinsically. The learner would intentionally and purposefully want to learn because of those meaningful tasks involved. The learner would therefore see the learning as relevant and adding meaning to his/her life.

Bandura (1986, 1998 and 2000) and Mischel (1973, 1995) emphasise that behaviour is as a result of an interaction between the environment and a person's cognition which are important factors in learning. This is termed 'cognitive social learning theory,' with the view that cognitive processes are important mediators in the connections between environment and behaviour.

Bandura's early studies focused mostly on observational learning such as imitation or modelling but he also investigated the determinants of whether observational learning will take place or not as follows:

1. Attention, since learning cannot take place unless one pays attention to what is happening around.
2. Retention, as learning cannot take place by attention alone; one must be able to remember as well.
3. Ability to reproduce the behaviour.
4. Motivation, since learning can only take place when the learner has the motive to do so.

This makes observation learning a powerful source of socialisation. Many of Bandura's recent works on learning and development focus on how a person's (cognition) behaviour interacts with the environment. This means that the person's cognitive activities can influence the environment and the environment can influence or change the person's cognition and so on.

Also, Mischel (1973, 1995) focuses on the transition between 'Mischel the learning theorist' and 'Mischel, the cognitive theorist'. He proposed five classes of cognitive variables:

1. competencies
2. encoding strategies and personal constructs
3. stimulus, i.e. a person's expectancies which comprises
(a) stimulus-outcome expectancy (b) behaviour-outcome expectancy
4. objective values
5. self-regulatory systems and plans.

All these are embedded in the person who is influenced by life's experience called 'cognitive, social learning variables. Therefore, for a learner to be an active subject in the learning process, the learner needs well-structured cognitive function in such a way that permits his intrinsic motivation as well as the feeling of some particular aspects of meaning and relevance to his life. This kind of experience comprises 'cognitive and affective elements' (Niemi, 1988).

In the cognitive domain, the students are expected to learn the school subjects in the curriculum and understand them. This kind of learning is routine, which is at a superficial level. Learning should go beyond such a level. Students should be made to find the structures of all the concepts and make them more general to their life situations instead of only mastering separate facts without relating to things in their environment. Students are required to have cognitive abilities and should be able to access their own learning process so that they can solve the cognitive dilemma between the formerly acquired knowledge and the present task the learner faces. This usually gives birth to tension that makes the learner to find out new information and concepts. These logical conflicts are very important motivators for learning but how the students face the cognitive dilemma is correlated with his whole personality.

The second element according to Niemi (1988) is the affective domain, which is the emotional experiences that have great impact in the learning process. As with the cognitive domain, the emotional one is related to the student's personality. In fact, the learning process embeds the whole personality. How a learner undergoes or faces a new task is a reflection of the learner's self-concept, self-esteem and self-confidence. The impact of the student's emotional experiences on the learning process has been pointed out by many scholars. For instance, Niemi's (1987a) findings concluded that four different types of group orientation were discovered in a Finnish study among school pupils as follows:

- (i) Task-oriented pupils who are very intelligent with high achievement in most situations they find themselves and their actions are motivated with whatever task they are confronted with.
- (ii) Socially-oriented pupils who are very good in all social aspects and social activities which are very important to them in learning.
- (iii) Self-defensive pupils are those who find many of the learning situations unpleasurable and as a threat.
- (iv) Non-committed pupils belong to the cognitive group that takes everything as the same and are not motivated by anything.

Cognitive and affective qualities are interwoven because there are some instances where cognitive structure can affect the affective domain and vice versa. While some cognitive tasks can be a threat to the whole personality, affective factors such as attitude and values can hinder learning and can also make learning very meaningful. Since these two types of learning are both cognitive and affective in process, they should both be taken into consideration in teaching. The learning experience acquired from school has a lot of interconnection with the students' whole life experience such as their conception of life and responsibilities as people in the society.

THE NEED FOR HUMAN RELATIONSHIP AND EMOTIONAL CLIMATE IN SCHOOLS

Analysis of the expectation of students in the secondary school on the search for the meaning and purpose of their lives was researched on in Finland by Niemi in 1987. The main aim of the study was to find out if the secondary school students find meaning in their lives and also show if there is a correlation between the meaninglessness of their own lives and the school experiences. By this, he planned to confirm Frankl's existential analytic theory that man's primary motive in life is to find the meaning of life and purpose. This means that if man should see life as a challenging task that demands everyone's response, in fulfilling one's responsibilities, one's life will be meaningful. The attitude one has in life and the uniqueness of human existence are very important sources of motivation. Attitudes and values motivate man to channel most of his energy to confront and overcome difficulties.

In the study, the students were asked to indicate their reflections on the meaning of life at four stages:

1. When they were alone
2. When they were with their friends
3. Parents and
4. With their teachers.

These were rated on five different likert scales:

1. Very often
2. Fairly often
3. Sometimes
4. Rarely and
5. Never.

The findings confirmed Frankl's existential analytic theory about man's search for the meaning in life. The students were all found to reflect on meaning of life. Some students reflect on meaning of life at least when alone and also in some cases with their teachers. Most of the students thought that existential issues should be discussed in more details in the school and even included in the school curriculum. The study also indicated that the issues were not discussed enough in the school curriculum. This further confirmed Frankl's theory and his thesis on man's ability to find the meaning of life, viz, meaning cannot be given to anyone; each individual has to find a purpose and meaning for his life. Teachers, and other instructors and environment can only guide in the search for meaning in life. The findings elaborated on how the school was criticised for placing much emphasis on the curriculum. The result was that knowledge was on the superficial level in which students were required to acquire tools that would help them in life. For instance, many facts had no benefit to the students' own lives. Also, the students' expectations of the school in terms of guiding them to reflect on existential questions were not met.

The main problem is knowing the ways that the school and teachers can meet the individuality of students. Still, each one of them must find meaning by themselves because meaning cannot be given. The environment helps or makes it difficult with the values, attitudes and how it guides the ways one thinks about existential questions.

Furthermore, students are different in the way they think about the meaning of life. Students reflect on the meaning of life at different stages in the process of finding meaning; some reflect on them a lot while some others have not even found themselves reflecting on those questions. These

have made it a very difficult task for the teachers to tackle the guiding of the students in reflecting on existential and life questions. There is a great disparity between the student's expectation and what really happens at school.

The findings indicated that students who reflected on the meaning of life's questions by themselves would like such questions discussed in the school while those who did not reflect on the issue were not that keen on discussing about the questions in the school. Also, it was discovered that students who reflected on the meaning of life performed better and gained a lot in all their subjects when compared to those who did not reflect on existential questions. The following conclusions were made on the findings:

1. Students who reflected on the existential questions alone were found not only reflecting on meaning of life questions with their friends but also expected that existential questions should be treated in more details by the school authority than other students who did not reflect on them at all.
2. Students who thought of the meaning of life by themselves found their school subjects very important and more positively relevant to them than those who did not think about the meaning of life.
3. Students who found out that their school subjects had assisted them in finding the meaning of life did not find enough existential questions dealt with in the school.
4. Although the research method which was a correlation used for this study could not explain the causes and effects, there is an assumption that students who have the attitude to find meaning in life and reflects more on the meaning of life than others reflects often alone or with other people they encounter. Such students are found to gain more and perform better in the process than those who are not interested and are unconcerned about such issues. If the school authorities could provide assistance in guiding the finding of meaning of life process to the students, they would have the opportunity to reflect on it more

and it would become their way of life. This is because finding the meaning of their lives would also be a constant pursuit for them daily.

5. The task of guiding students to find the meaning of life is the responsibility of teachers and the school. Students who reflect on existential questions often would like to have more opportunities to achieve higher and excel more in all activities in both academic and non-academic ones than students who do not reflect on the meaning of life. Although to have a broad and multi-complex perspectives and realise the relevance of their role as teachers in students' lives and society at large, an overall part of the schools' objective should be personality development oriented which entails students taking initiative, taking responsibility, being creative, peaceful living and being mentally balanced. According to Niemi (1987b), it does not matter if a teacher teaches one or two courses in the school, what matters is the method of his teaching which must have a world view of student development.
6. It was finally concluded that learning should be made part of the schools, decision-making policies where students are recognised and given opportunities to express their emotional feelings as part of the learning process in achieving the school objective. In this way, can the school have a dynamic process that activate the searching processes for discovering each pupil's individual task and responsibility.'

Niemi's (1987b) findings had indicated the deficiency of the human relationship and emotional issues in the school curriculum. Another study was carried out to examine if many school subjects were geared towards student/pupil search for the purpose and meaning of their lives. The students were made to answer open-ended questions of their expectations from the school. It was amazing to discover that their subjects were not relevant to the search for meaning and purpose. As a result, student's expectations were: warmer and showed closer human relationship, more communication, more emphasis on individuality, more opportunity for choices, more support and encouragement and more knowledge that has

meaning for their personal lives. All these indicated that schools are not independent of students' life but have a connection with the totality of students' lives. The search or finding meaning and purpose of life must not be excluded from the school life experience. There was, therefore, a call for more emphasis in promoting positive human relationship in the school programme and in teacher education.

In the same vein, Lipsitz's (1984) study on what constitute a successful school among students in American middle schools made them select four of the best schools in order to correct the falling standard. The selected schools were considered the best as a result of those common characteristics they shared.

It was reported that those schools were able to affect all school practices according to their students' personal differences in physical, cognitive and social development. Each of these aspects was taken more seriously. It was discovered that these four schools had an avenue for each student to have access to friends and pursue personal interests. Also, two of the schools made provision for some group of teachers and students to interact, which took place according to the needs and interests of both groups, and exchange ideas until everyone had participated and was satisfied with each other. This helped to provide a conducive environment between teachers and students where the students were listened to and helped. These kinds of school policies help provide student's physical, cognitive and social development needs. For instance, an advisory scheme was developed in one of the schools by the students where each of the students had daily contact with adults that were ready to listen to them with empathetic views. Another characteristic found was the emphasis laid on the relevance of creating an environment that was positive for adolescents' social and emotional development in the first year in those three of the schools and the second year in the fourth.

Furthermore, the fourth school's authority valued social and emotional development as intrinsically relevant in adolescent education, not merely as a contribution to academic excellence. The findings gave light to many schools that did not meet all the characteristics found in the four best

schools while Niemi (1984, 1989 and 1988) showed those deficiencies in the schools, provided some remedies for them and helped prevent further deficiency in the Finnish school system. The Lipsitz (1984) findings also helped to provide the avenue for discovering the majority of non-effective high schools in the 1980s where some classes were over-crowded, very impersonal school systems and irrelevant curriculums. Students were also found to lack access to health care and counselling.

Furthermore, Lipsitz's (1984) findings paved way for the establishment of the 1989 Carnegie Corporation report on those extremely negative evaluations of American middle schools titled 'Turning Points: Preparing American Youth for the 21st Century'. The recommendations of the report are as follows:

- (i) Develop smaller 'communities' or 'houses' to lessen the impersonal nature of large middle schools.
- (ii) Lower student to counsellor ratios from several hundred to-one to ten-to-one.
- (iii) Involve parents and community leaders in schools.
- (iv) Develop a curricula that produce students who are literate, understand the sciences, and have a sense of health, ethics and citizenship.
- (v) Have teachers team-teach in more flexibly-designed curriculum blocks that integrate several disciplines, instead of presenting students with disconnected, rigidly separated fifty-minute segments.
- (vi) Boost students health and fitness with more in-school programmes, and help students who need public health care to get it (Santrock, 2002).

THE NEED TO VIEW TEACHING AS A MORAL CRAFT

Today, teachers and teacher education should see the existential analytical theory or logotherapy approach to education as a challenge. Students' wholistic development should be the paramount concern of all stakeholders in education. There is the need for teachers to be society-centred. This

means that the subject matter and knowledge of student development should be made relevant to the society's needs.

Niemi (1988) cited Tom's (1985) position on teaching as a moral craft for two reasons. First, the relationship between the students and teachers must be seen as mutually explicit and implicit in such a way that the teacher takes moral responsibility. Second, the subjects and the methods of teaching must also be meaningfully planned in such a way that they all reflect the student's whole lifestyle at present with future life goals and objectives. Supporting this view also, Niemi (1984 and 1988) stated that:

the teacher has a moral responsibility towards students' intellectual and social development. When teaching students or planning the curriculum, the teacher makes many choices. He selects certain objectives, chooses certain materials and applies a variety of different teaching preparation methods.

Lack of future preparation for the students was an important issue raised by many other researchers, stressing the practices of the educational institutions who do not see much potential of students becoming agents of social change in future. As a result, their products are psychologically untrained to be able to cope with the society that is going through constant social changes. They also pointed out that the educational and institutional practices are congested with many old models of design or curriculum that cannot match the rapid changes of today.

They also raised the urgent need of teachers in the schools to develop the habit of raising basic questions that could help them prepare students to face both today and future challenges. Therefore, the connection between the same educational and social changes should be of concern to all educational policy makers and stakeholders in both the secondary and tertiary institutions. This should not be limited to the secondary institutions alone. The role of the school should include promoting the search for meaningfulness in students' lives, therefore, the teaching profession should be seen as 'a moral craft'. This has a lot of implications for the teacher's duty or role in the school as well as for teacher education whose kind of education should assist them to grow into responsible craftsmen who are

equipped with many technical skills or tools in teaching programme and in the school.

Craftsmen can be regarded as those who have the ability to follow the desires of their hearts and spirits which are defined by mind and allowed by their conscience to guide them. These craftsmen should have a readiness to reflect upon moral concerns and implicit relationship in the curriculum planning. Their teaching behaviour should reflect these issues as well as teacher education. Both the students and teachers need to understand and view their roles from the participatory level. This was why the term 'moral craft' as a metaphor by Neimi (1987 a and b) was used to describe teaching which consists of many aspects of teaching, making teaching and teacher education both moral and technical knowledge transmitters which should not be separated from each other. For instance, a teacher needs many technical professional skills, but he must also be aware of his moral responsibility. Teachers should see themselves as moral agents of society, as people who are responsible for transmitting social values. A teacher should have a reflective approach to his work and see teaching as a moral craft which demands the awareness of values and the capacity to encounter students and their situation or life context.

THE PROBLEM OF STAKEHOLDERS IN UNDERSTANDING SCHOOL AS A STRESSOR TO STUDENTS

Logotherapy is the only theory that admits stress as a positive thing in life. Frankl believed that man needs tension. His term, 'noodynamics', refers to the tension between what we are now and what we are to become in life.

Man is a being that must have ideals, values and purpose to strive for. Thus, man has the will to search for meaning as his primary motive and should be conscious of his individuality, being able to give his creative contribution in any circumstance. This can be made possible through work, emotional experiences and attitudes. From this, many studies on the psychological experiences of students have revealed that they have very

active positive feelings toward school. All the positive comments received from the findings were not without tension interpretations. These confirmed what Frankl posits as normal tensions, in that students are 'striving and making their contributions by being active.'

Furthermore, in the Finnish study, about 20-30% of the students who never or rarely had those positive experiences were less active and always felt depressed. Also, 10-12% exhibited some antisocial behaviours in the school and also experienced stress or headache, disappointment, restlessness and not being happy with school programmes. These still confirm Frankl's thesis that many values and attitudes are connected with the will to search for meaning in life: if a man can see meaning in his life, then the goal would give him the spirit to thrust forward and have more energy to struggle with his tasks than a man who finds no meaning in his life and lives in an existential vacuum.

The findings indicate that students whose subjects are geared towards meaning and purpose in life were more active and have a positive experience in school. Also, students who feel valuable and have responsibilities in school have less 'negative feelings towards school and a more positive experience at school.' The awareness of stress in the school is thus very important in planning the school curriculum.

There should be awareness of the transitions of students from stage one to another by both the teachers and school. For instance, many studies have recognised the psychological effects of the transition of students from one stage to another in the school system. There is a growing amount of evidence of lifespan psychologists being able to document physiological and psychosocial cultural changes that occur in a child's life from attachment crisis to separation/stranger anxiety, from parent and the nursery/kindergarten for the first time to when going to primary and secondary schools to the university or any of the tertiary institution. In spite of this, however, most of us do not pay attention or tend to be silent on these issues which should be given equal weight with academic issues in the school. For instances, Eccles (2000) and Seidman (2000) found out that the transition from the elementary to junior high school to the senior

high school could be stressful for some of the students, even though all the stages are normative experiences for all individual students themselves, the family structures they belong to as well as the school.

Also, there are biological changes that occur in the stage of puberty and other related issues such as body image. Cognitive changes also occur in terms of some aspects of formal operational thought. Sometimes, social cognitive increases responsibility and independence from parental influence to more peer influence if the home is not a conducive environment for the students. These are coupled with the challenges in the school – the structures of the schools from differences in classrooms to the differences in the teachers' behaviour toward them and the interrelationship within the school context as well as the issue of peer pressure.

Many of us do not take the differences in peer groups in the secondary school much seriously. The term, 'top dog phenomenon' has been carefully chosen for this period by some scholars. Hawkins and Berndt (1985) studied the transition from elementary to the high school and concluded that this transition period could be very difficult for most of the students. Also, Hirsh and Raphin's (1987) findings indicated that the perception of the quality of school life in the high school dropped from the high grade in the elementary to low in the high school. As a result, the students were less committed to, and satisfied with, school and teachers even though they were successful in their academic works.

Furthermore, there is the need for research work on the Nigerian school curriculum which is considered as being stressful for the students and is being threatened as many schools in Nigeria are now using foreign curriculums which are, in most cases, not compatible with our culture. The school is one of the social institutions where culture is transmitted from one generation to another. Exclusively using the British curriculum, for instance, would further lead to the loss of Nigeria's culture and values which are very important for the nation's development. It was noted by Dapo-Orebiyi (2005) that a lecturer in the faculty of education, University of Lagos, Dr Maureen Egenti reported that, "many parents lack confidence in the Nigerian curriculum" and send their children to private schools

who use the British Curriculum. As a result, many private schools have to satisfy their consumers by using exclusively the British curriculum or other foreign curriculum.

The explanation given by private schools owners or principals are that the British curriculum is more practical than the Nigerian because "the British curriculum tasks pupils to apply knowledge acquired but the Nigeria curriculum does not; pupils only cram and pour down what is being taught such that they cannot apply what is being taught." In addition to this kind of learning, the British curriculum "has the ability to promote creativity and development among pupils." One can see how the British curriculum is more meaningful than that of Nigeria.

Furthermore, Dapo-Orebiyi (2005) reported the comparison of the two curricula by the Vice Principal of a cosmopolitan high school in Nigeria who said that the British curriculum emphasises knowledge application while the Nigeria's own encourages pupils to just regurgitate information. The only problem is on implementation. Britain is more developed than Nigeria, thus her curriculum is peculiar to her.

According to him, the success or failure of any curriculum lies on the teachers. He suggested that there should be proper implementation of the 6-3-3-4 system. He also added that teachers should be motivated by good remuneration and provision of incentives, and a conducive environment. He further suggest regular retraining of teachers' through seminars and workshops, adding that universities should be provided with adequate facilities to enhance effective teaching.

In addition, it must be noted here that the inconsistency of the Nigerian government policies towards the 6-3-3-4 system should be looked at as this affects our educational system. There should be a long standing policy on our educational system regardless of who the minister of education is.

If many had expressed the shortcomings of the Nigerian curriculum in terms of the meaning of life concept discussed earlier, correction could be made in terms of taking the two side-by-side and making adjustments by taking the Nigerian culture into consideration. According to Dapo-

Orebiyi, others such as a lecturer at the curriculum department of the Federal College of Education, Mr Kehinde Olojede argue that the 6-3-3-4 system is the most appropriate for a developing country like Nigeria since it seeks to develop every individual's ability. He noted that the Nigerian curriculum was bulky, covering a wide range of topics while the British curriculum had fewer topics and contained only relevant topics peculiar to the British environment.

He noted that the British curriculum was reviewed yearly while that of Nigeria covered a long period of time. He, however, said that the Nigerian curriculum was suitable for Nigerians because it encourages handwork. He suggested that the Nigerian curriculum should be properly implemented. He also added that it should be reviewed regularly to enhance effective teaching.

CONCLUSION

This paper has highlighted some challenging perspectives in logotherapy in teacher and teacher education with the introduction of the existential analytic theory as an alternative name to logotherapy thus termed by the founder, Frankl in the 1930s. This emphasises more values and deeper dimension in teaching the holistic approach. Detailed explanations were given in both cognitive and affective domains with the findings of the Finnish studies by Niemi and other researchers on the meaning of life reflection of the students and the American students on effective and successful middle schools educational programme.

All the students reviewed directly confirmed Frankl's hypothesis of the meaning of life as a motivational intrinsic introspection. Factors in determining effective teaching and teacher education should be seen as challenges for all policy makers and stakeholders such as the federal and state ministries of education and the UNESCO agency for assessing the practices in Africa, especially Nigeria. The future researchers need to collect data like other western countries in order to have an insight into the educational problems in the developing countries such as Nigeria. Presently, there is a dearth of available literature or research on those issues raised

in this paper with regard to the developing countries such as Nigeria. Of course, there is no research to tell us that we are far behind in those issues raised earlier here. With the writer's experience in educational practice in both secondary and tertiary institutions in Nigeria, stakeholders in Nigeria as well as in all developing countries need to collect data in our institutions from primary to the tertiary level. Then we need to work on those areas that require urgent attention. The curriculums should also be reviewed as well, using other western countries' curriculums as reference since we are now in a global village. Both educators and psychologists should try to tailor schools' curricular and non-curricular activities towards individual differences in the biological and psychological development of students. This would foster their autonomy in such a way that would help schools create a variety of pathways for students to achieve their individual identities.

Also, students' feeling on meaning of life in the school and how they can have meaning should be taken into consideration when planning the school programme. This planning should entail many activities which not only include the contents of subject matters and the teaching methods but also other important activities such as human relationships at school and the emotional climate of the school. The school authority should see that students are accorded high priority in the school plan as subjects in their own right, not as objects to be moulded by the environment. This is because it is the school authority's duty or role to prepare students to take responsibility not only for themselves but for their environment and to see life as a duty in which they have to take part in a meaningful way.

The students should be made to realise how unique they are individually and each of them should be guided to find the unique potentials in himself/herself by promoting experiences in which positive potentials of human activities can be realised in practice. Also, the ability to cope with life's difficulties has to be included in school planning.

Finally, the students should be made to cultivate the feelings that they are very important persons in the community. They should know that

they belong to the society at large which requires 'constructive participation' or democratic approach from both the teachers in the school and parents or guardians at home instead of the present authoritative approaches from the school and homes in Nigeria as well as other developing countries.

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Logotherapy and Mental Health

ABSTRACT

Research on logotherapy in Africa has been hampered because few African scholars are interested in the concept of 'inner meaning fulfilment'. The present study examines the meaning of logotherapy and its method of assessing both healthy and unhealthy individualism. Efforts have been made to compare the African view of health, disease or illness with logotherapy's concepts of holistic health in order to fully understand logotherapy/logotest cross-culturally. It is concluded that logotherapy is the only psychotherapy in the western culture that is suitable for the Nigerian culture.

Lógotest, as a psychological diagnosis, has been found to be relevant in ascertaining how patients/clients such as persons with AIDS and HIV are anchored in a positive value and meaning orientation or how much they stand the risk of entering into 'existential vacuum'.

INTRODUCTION

Logotherapy is one of the psychotherapies grouped under the humanistic school of thought, which is called existential psychotherapy. The word came from the Greek word 'logo', which is 'the meaning of being'. Logotherapy therefore is a therapy through meaning in life. As written earlier on, the founder of logotherapy was the late Viktor Frankl who had the concept in 1920 at the youthful age of 13 years. In the fields of psychology and psychiatry, Frankl was popularly known as the third

Viennese psychotherapist. The first one was Freud whose psychoanalysis was termed 'a pleasure principle', while the second was Adler whose concept was based on 'power principle', which states that man's primary motive is to seek power.

Frankl, (1963, 1967, 1988) posited that man does not only seek pleasure or power in life but constantly seeks meaning in life because pleasure or power is self-defeating at the end since the more a man seeks pleasure the more he misses it.

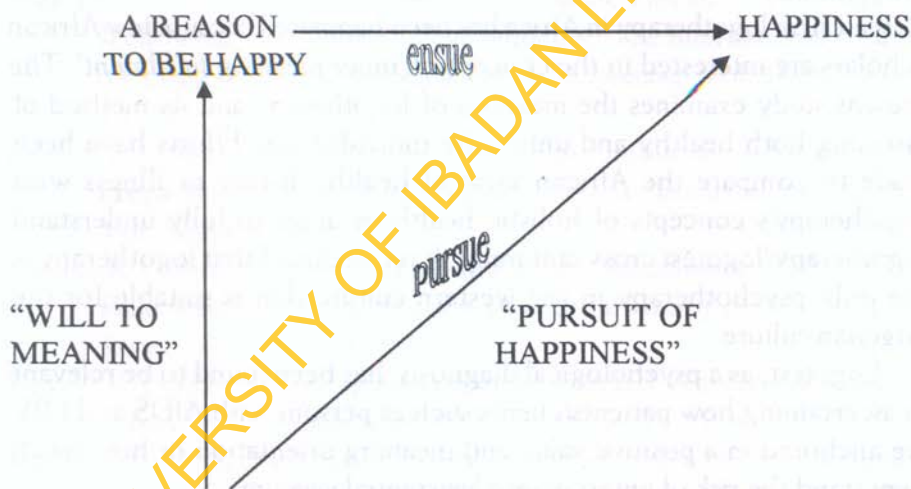


Fig. 7: Diagram showing happiness as being self-defeating and cannot be aimed at (source: *The Will to Meaning* by Frankly E. 1988).

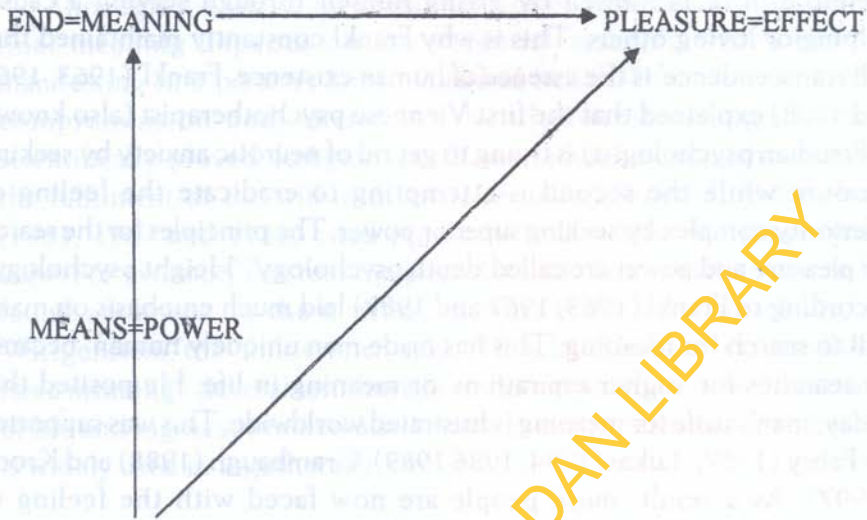


Fig. 8: Diagram showing meaning as an end in itself (Source: *The Will to Meaning* by Frankly. E., 1988).

The illustrations on page 72 and above show how we miss pleasure when we use it as the goal of our intention. The result is also futile when we pursue happiness as our goal because happiness is never the goal of man's motivation. It is an effect. If there is reason to be happy, happiness will come without seeking it.

Frankl made reference to Freud's concept of man as a being basically concerned with seeking pleasure. This is known as the 'pleasure principle'. He has brought the realisation that his 'reality principle' does not contradict the pleasure principle but reinforces it. It also reinforces Cannon's theory "whose goal is tension reduction for the sake of maintaining or restoring the inner equilibrium." These three theories miss the main characteristics of human reality defined by Frankl as 'self-transcendent qualities' that make man relate or point to something or someone rather than being concerned with any of the inner conditions of the homoeostasis theory. Man,

therefore, forgets himself by giving himself through serving a cause, helping or loving others. This is why Frankl constantly maintained that 'self transcendence' is the essence of human existence. Frankl (1963, 1967 and 1988) explained that the first Viennese psychotherapist (also known as Freudian psychologist) is trying to get rid of neurotic anxiety by seeking pleasure while the second is attempting to eradicate the feeling of inferiority complex by seeking superior power. The principles for the search for pleasure and power are called 'depth psychology'. 'Height psychology', according to Frankl (1963, 1967 and 1988) laid much emphasis on man's will to search for meaning. This has made man uniquely human, because he searches for 'higher aspirations' or meaning in life. He posited that today, man's strife for meaning is frustrated worldwide. This was supported by Fabry (1987), Lukas (1984, 1986 1989), Grambaugh (1988) and Kroon (1997). As a result, more people are now faced with the feeling of meaninglessness which is attached to a feeling of emptiness. This term is called 'existential vacuum,' by Frankl. This primarily manifests itself in boredom and apathy. The former makes man lose interest in the world while the latter makes him to lack the initiative to change the world.

Frankl posited that there are three ways by which man can find meaning in life:

1. By being creative (creative values).
2. By experiencing something, encountering someone or loving someone 'experiential values'.
3. By bravely facing a condition we cannot change (attitudinal values) that is, when one makes the best use of situations that are beyond his control which will make one grow. He identified pain, guilt and death which he termed 'tragic triad' as the three major forms of suffering in life. This concept is lacking in other psychotherapies. If we truly want to help patients with chronic diseases such as HIV/AIDS, we must acknowledge it and make the patients understand the concept. They are unavoidable and could bring out meaning to the sufferer.

Although the whole meaning may not be revealed to a sufferer, the final meaning depends on the potential meaning which has been manifesting in a person's knowledge and belief. This is beyond human comprehension and, therefore, the ultimate meaning cannot be scientifically proved. Religion, as a human phenomenon, shows itself as the fulfilment of the will to ultimate meaning. To confirm this, Frankl (1963, 1967 and 1988) cited popular scholars who had supported his view. For instance, Einstein the physicist said, "To be religious is to have found an answer to the question of what is the meaning of life," and Wittgenstein, the philosopher, said, "To believe in God is to see that life has a meaning." Several tests have been developed to measure the meaning of life and logotest which is also known as inner meaning fulfilment scale is widely used in logotherapy.

THE MEANING OF LOGOTEST

Logotest is based on the concept of logotherapy, which measures specific aspects of mental health such as inner meaning fulfilment. The ability of man to find meaning in life is an important aspect of mental health because mental health affects the way we feel about ourselves and how we relate to other people. Good mental health helps us cope with sadness, worries and problems in life. Therefore, early recognition and treatment of mental illness can help many people improve their mental health. Lukas (1984), a former student of Frankl, developed logotest to assess 'inner meaning fulfilment' and 'existential vacuum'. Thus, people with the lowest score in logotest or, who are excellent in 'inner meaning fulfilment', will have a meaningful life or a good life adjustment. On the other hand, people with very high scores or worst 'inner meaning fulfilment' as a result of existential frustration of vacuum will not have a meaningful life or better life adjustment.

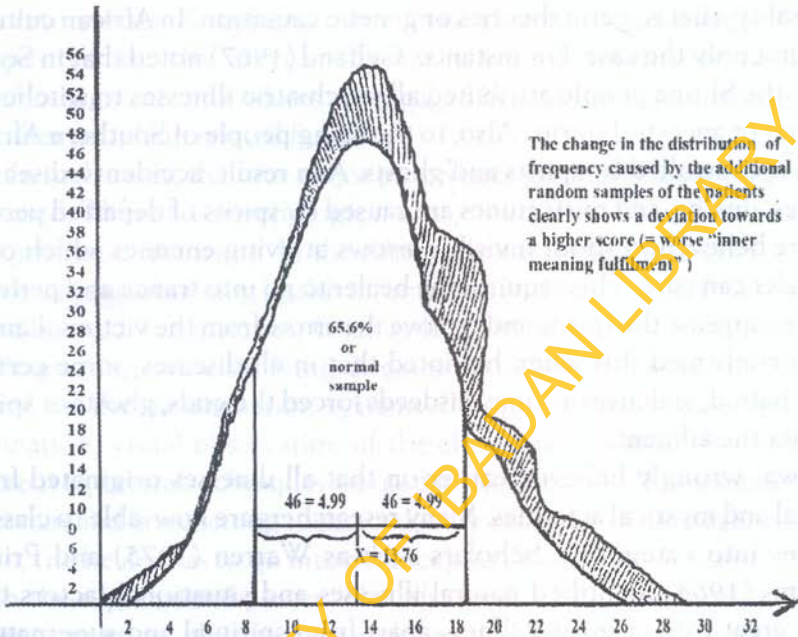
Logotest is used for people who are 16 years and above in order to know to what extent they consider their lives meaningful. Its ability to differentiate between psychologically healthy and sick persons has been demonstrated by studies worldwide. It is a short test that requires a short

time to administer and score. It indicates the type of existential problems impinging on individual development. A therapy plan would be made to assist the individual improve his life through logotherapy (Asagba, 2002; Asagba and Nwagwu, 2003; Asagba, 2005, 2006 and 2007).

LOGOTEST IN EUROPE

The construction of the test was made by Lukas in 1984. She interviewed 1000 people between 20 to 70 years in the inner city of Vienna in Austria. She asked them the variables they considered would bring meaning to them. Their positive responses were used for the development of the test while the responses that did not provide meaning were discarded. The positive responses were later grouped under nine categories: personal wellbeing (happiness), self actualisation, family- children, career, friendships, interests, hobbies - experiences (nature), service in a cause, and overcoming distress (hunger, sickness). These nine categories were converted to nine statements that required a yes or no answer for the first part of the logotest. Lukas considered seven reactions to existential frustrations which are: aggression, regression, (over) compensation, plight reactions, a reasonable coming to grips with the situation, neurosis and depression. These were used to form seven statements for the second part which requires the respondent to choose any of the three types of options: 'very often', 'once in a while', 'never'. The first section of the third part stated three case histories of existential problems which the respondents must react to and indicate which case suffers the most and which case is the one happiest most while the second section is a box for the respondent to describe their life histories using the three cases as examples. Their responses were analysed or assessed and added to the first and second parts to make the total score for each responses which were collated to make a standard test for measuring inner meaning fulfilment. Logotest was first used in Vienna to know if it was reliable and valid among patients in the hospital and non-patients who visited hospital. The test was able to differentiate healthy individuals from unhealthy ones. (*Logotest Manual*, Lukas and Preble, 1989)

Distribution of Frequency of the total score for the normal random sample and total random sample



Normal random sample = solid line. Total random sample = dotted line

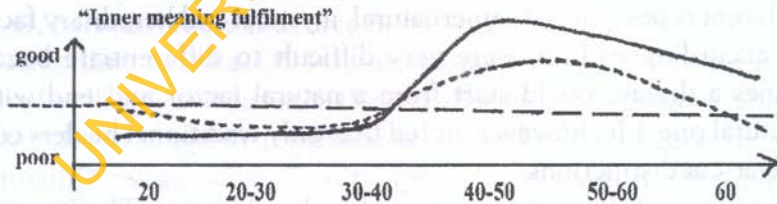


Fig. 9: Logotest – Test construction (source: *Logotest Manual*, Lukas and Preble, 1989).

CULTURE, HEALTH AND DISEASE IN THE AFRICAN WORLD VIEW

In western culture, the aetiology of disease is mostly based on the principle of causality, that is, germ theories or genetic causation. In African culture, this is not only the case. For instance, Gelfand (1967) noted that in South Africa, the Shona people attributed all psychiatric illnesses to witchcraft activities or ancestral spirits. Also, to the Kung people of Southern Africa, health is controlled by spirits and ghosts. As a result, accidents, diseases, illnesses, deaths, and misfortunes are caused by spirits of departed people who are believed to shoot invisible arrows at living enemies which only the healer can cure. This requires the healer to go into trance and perform rituals to appease the spirits and remove the arrow from the victims. Lambo (1978) confirmed this when he noted that in all diseases, some certain acts of hatred, jealousy or some misdeeds forced the gods, ghosts or spirits to inflict the ailment.

It was wrongly believed earlier on that all illnesses originated from spiritual and mystical activities. Many researchers are now able to classify illnesses into categories. Scholars such as Warren (1975) and Prince Williams (1964) identified natural illnesses and situational factors that play a great role in mental illness apart from spiritual and supernatural forces on an individual's life.

Jegede (1966, 1976) in his study of the Okpe culture came up with four different types: natural, supernatural, mystical and hereditary factors which, according to him, were very difficult to differentiate because sometimes a disease could start from a natural factor and end with a supernatural one. He, however, noted that only traditional healers could make clear-cut distinctions.

Three types of illnesses were named by Read (1966). The first is the one that could be cured with home remedies, the second is similar to the one identified in western culture as the disease that could only be cured with western method and the third can be cured only by African medicine.

Furthermore, Turner (1964) gave an account on Nderumbu healers' believe on the aetiology of illness caused by supernatural forces in

conjunction with human activities. Classification and aetiology of illnesses are made in terms of culture in the African traditional system of therapy unlike the western system of therapy which depends on clinical interviews, laboratory tests, X-rays and other medical tests. When mental illness is suspected or the psychological state of health is in doubt, psychodiagnostic procedures are engaged by psychiatrists or psychologists or other people in related fields.

In such cases, the four major procedures given by Niezel et al (1994) are used. These are psychological tests, interviews, observations and life records (case histories). In the African culture, there is a contrast since those ways of obtaining health information and other typical observations must be used. For instance, Osunwole (1989, 1996) gave four categories of diagnosing and classifying diseases in traditional medicine. They are based on the *Ifa* divination systems *Osanyin* or *Eerindinlogun* systems of divination, visual observation of the client and the healer's experience. Moreover, several techniques are used in this process. They include tossing kola nuts and bone setting sticks to identify problems in the healing process. Also, the healer has to go into a trance and divination in order to identify with the supernatural power. The African world view of health, disease/illness causation, classification and diagnosis vis-à-vis psychotherapy are now similar to the western world view unlike the past when psychotherapy was based on mystical healing by healers or elders through charismatic power, persuasiveness and force of conviction.

According to Lukas (1984), the sick persons or sufferers are promised 'eternal wellbeing and justice in the hereafter' by the forefathers. Sometimes, the condition might be presented as a test of future happiness. Where it is possible, 'suggestive powers are used to exorcise the evil' while 'philosophic ethical images are used to bear the blows of fate.' The 'mysticism' underlying early psychotherapy based on the scientific approach was very difficult, because they tried to find rational answers to irrational behaviour or irrational psychological problems. This has made psychotherapy in western culture to stand between mysticism and scientific manipulation. Lukas (1984, 1986) further made us realise that western

psychotherapy developed from 'magic, exorcism, trickery, demagoguery, occultism and fanaticism and gained a position in science' by leaving out the human dimension, which is spiritual.

Lukas (1986) opined that since western psychotherapy is now without magic, it has become psychotherapy without spirit. This means that 'what the western psychotherapy gained in the field of science was lost from humanity.' To bridge this gap between the 'speculative interpretation' of old days in the western culture and the 'human programming of the present western culture is to include the human dimension or spirit in psychotherapy.' This is what Frankl's concept of logotherapy is based upon. In Africa, the general concept of man is that man has relationship with God, that is, we are spiritual beings. According to Awolalu and Dofamu (1979), "man's destiny shows that he is related to his maker because as we shall see presently, it is the Supreme Being that seals the destiny of man. We, thus, see the relationship between God and man and we find that man, before his birth, at his death, is inseparable from God, and closely related to God."

THE RELEVANCE OF LOGOTHERAPY/LOGOTEST IN THE NIGERIAN CULTURE

In order to know the relevance of logotherapy in the Nigerian culture, the practical understanding is very important. Lukas (1986) described the logotherapy concept as based on one axiom and six premises as explained earlier. The axiom is known as *noo*, a Greek word for the mind. Frankl described it as the noetic dimension.

The first premise is that man has three dimensions: body, mind and spirit. In the second premise, the dependency on the circumstance is different for the three dimensions. Within the biological or body part of man, which share characteristics with the animals and plants, 'the dependency on the circumstance is almost total and hardly manipulable' while in the psychological dimension, which is shared characteristics with animal and human beings, the dependency on circumstance is flexible and highly manipulable.' The spiritual dimension is where a man has

choices to make in any circumstance in life. That is, man always has the freedom to make a choice in any given situation which is his attitude towards unavoidable situations. In the third premise, the three dimensions are not separable, that is, they are interwoven.

In the fourth premise, no dimension should be neglected in health and sickness and in treatment/psychotherapy. The holistic approach is needed in therapy. Doctors must not limit themselves to medical treatment of their patients alone but the psychological aspects must be looked at by referring to psychologists, psychotherapists or traditional healers.

In the fifth premises, the 'feedback mechanism' functions differently in all the three dimensions. For instance, the feedback mechanism in the biological dimension assists the body to adapt to different conditions by bringing about 'automatic processes in the automatic nervous system,' while the feedback mechanism in the psychological dimension works on the reinforcement or behaviour modification processes to bring about changes in behaviour.

In the dimension of the spirit, the feedback mechanisms bring about changes in self-understanding and lead to a new interpretation of the self.'

In the sixth premise, there is the principle of homeostasis which, Frankl and Lukas believed, works differently in all the three dimensions. The principle of homeostasis is valid all the time in the biological dimension, but in most of the time in the psychological dimension. However, it is not valid in the spiritual dimension because it is a warning signal of existential frustration. 'A tensionless state in the spirit' would mean that one is satisfied completely with life and that there are no more goals to pursue in life. In other words, there is nothing to create, no project to complete, nor other changes to make in life. One only strives to achieve goals when one is not completely satisfied and still has other things to achieve in life or a combination of both. However, 'when people lack the necessity to change, to create, to finish a project, to experience, or at least to brave unchanging fate, the need to live may be questioned.' Therefore, 'healthy dynamism is a field of tension between what we are and our vision of becoming' (Lukas, 1984).

Gradually, the African culture is being eroded by the western culture; Africans are fast becoming westernised. This is affecting us especially our youths who have to face many existential problems in the institutions. Generally, healthy or not, people are always in search of meaning to be fulfilled. This constant search for meaning could be grouped into two categories according to Frankl (1963, 1967, 1988), Lukas (1984) and Kratochvil (1968). These two types of people could as well be identified in the Nigerian culture as discussed earlier (page 14).

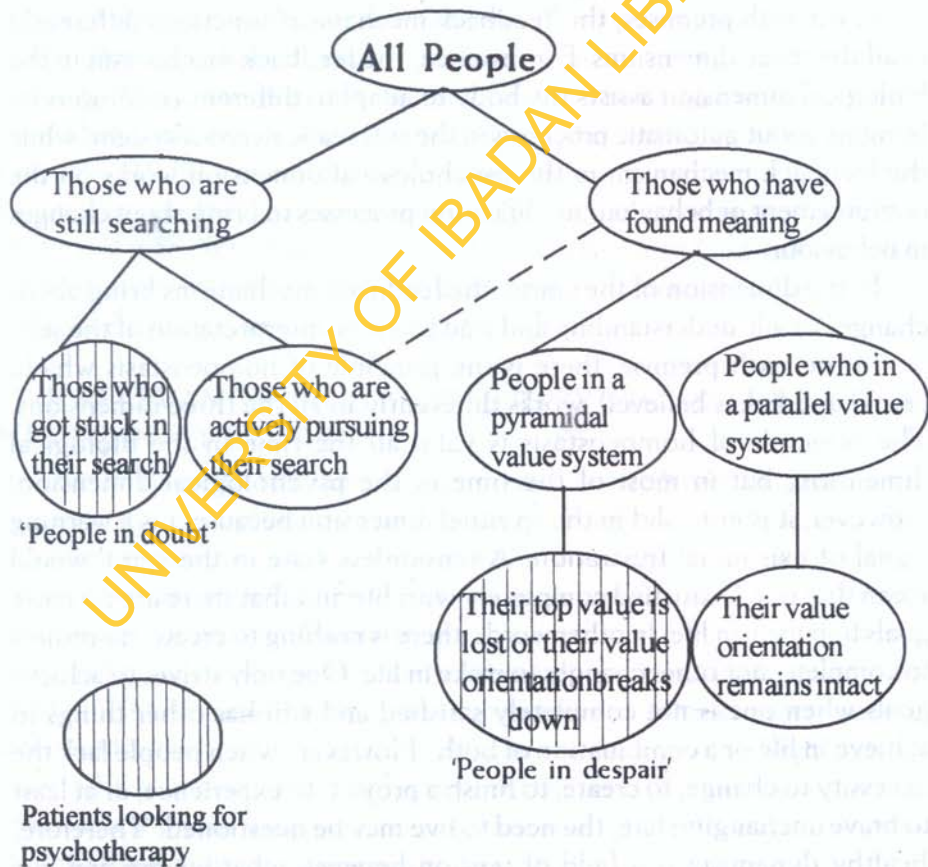


Fig. 10: Our search for meaning (source: Lukas, 1984) *Meaningful Living* (Asagba, 2008).

Under the first group are those who are still in search of meaning – 'people in doubt' – and the other group are people who are still searching for meaning and those who have found meaning through their personal value system. This personal value system could be a parallel or a pyramid value system. It is their belief that those who find meaning through the pyramid value system usually find themselves in despair when the principal meaning from the pyramid value system is missed or threatened. This is because those who have personal value system in the parallel form will have other personal values to hold on to when one of the value systems is missed or threatened. Figure 10 shows all the people in search of meaning, according to Frankl, while those still searching for meaning belongs to the first category. Although some of them get stuck in their search and begin to doubt their existence in the world, others in the same category are still actively pursuing their search for meaning.

The second group which has found meaning in either a pyramidal value system or in a parallel value system has advantage over the other (the first group) because it (the second group) is psychologically healthier than the first group. But people who found meaning through a parallel value system have more advantage over those who have their values in pyramid shape because they (of the parallel value system) have their personal meaning intact. In case any of the parallel meaning is missed or threatened, they have to cling to other personal values they have. Those who found meaning through pyramid value would be plunged into crisis as soon as the top value of the pyramid value system is missed or disturbed – when their value orientation breaks down, they despair. This is why they are called 'people in despair'.

Nigerians in the category of 'people in doubt' and 'people in despair' need psychotherapy despite the fact that they look healthy. Such people might be medically or psychologically all right, but spiritually disturbed. Therefore, the spiritual aspect or noetic dimension must be taken into account.

Logotherapy's concept of the totality of health has bridged the gap between the old and new ways of diagnosing illness and health in the

western culture. Also, logotherapy could be seen as a concept used to bridge the present western culture with the African world view of illness, disease and health. Therefore, the author can be justified in using the Frankl's (1963) and the Parrinder's (1967) concepts to develop a diagram to demonstrate the concept of total health in the African culture. The diagram is like a triangle with another triangle at the top of the bottom. The triangle represents spiritual/noetic dimension or supra-meaning, which could be religious or non-religious.

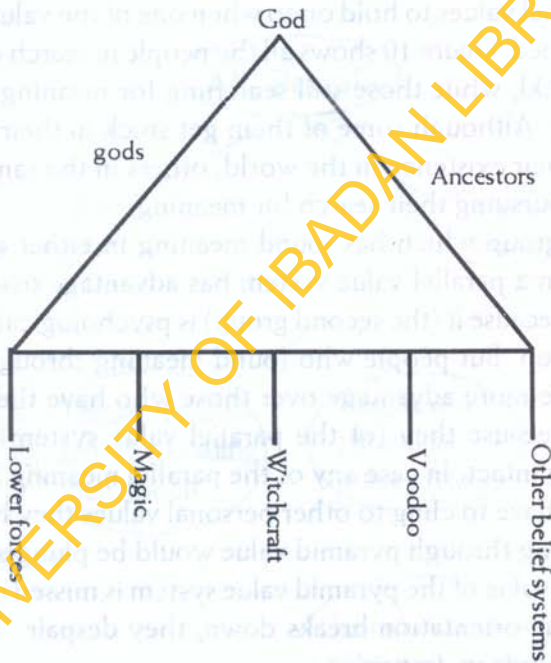


Fig. 11: An African concept of God after Parrinder's (1967) description.

At the middle of the apex is the sacred mystic/magic type of voodoos or witches as illustrated by Parrinder. At both sides of the top triangle is information pertaining to the spiritual, neotic/supra meaning dimension. For example:

1. In Spiritual Dimension

(a) For the healthy person:

- (i) A man could be religious or non-religious person .
- (ii) He has his spiritual world view of his environment .
- (iii) He takes and gives to the world and he is always in charge of his life; he lives as if he has lived in the world before.

(b) For the sick person:

- (i) A man could be religious or non-religious person.
- (ii) He is not spiritually sick because spirit cannot be sick but, according to Frankl, can be confused with the world's view in a situation of helplessness and hopelessness.
- (iii) He experiences boredom, apathy, existential vacuum, etc.

2. The Psychological Dimension

(a) For healthy person:

- (i) He is mostly known to have a positive self-image and may be able to cope with his environment, that is, his daily life demands and activities.
- (ii) The use of defensive mechanism is minimal and in the right situations in order to maintain psychological adjustment.
- (iii) Good or acceptable lifestyle is also important here, as well as the ability to interpret his environment and learn ways of coping especially within the socially acceptable norms in fulfilling daily basic needs.

(b) For the sick person:

A psychologically sick person either has little or no positive self concept. As a result, he makes excessive use of one or more of those defensive mechanisms in his daily communications. He may also find it difficult to actively accept the sickness in spite of his exhibiting

many of the psychological symptoms. He may start using socially unacceptable ways of coping by resorting to drug or alcohol abuse, sexual problem, gambling and other psychological problems.

3. The Somatic/Biological Dimension

(a) For the healthy person:

A healthy man must be homoestatic and thus balanced. The theory of homoestatic principle is very important here. This includes:

- (i) Well-nourishing food
- (ii) Exercise
- (iii) A healthy lifestyle.

(b) For the sick person:

The above conditions also appeal to sick persons. In addition, they require phamatherapy like the person with AIDS used in the diagram.

4. Between the psychological and biological dimension (the triangle are the sociocultural and the environment of man which are as follows:

- (i) Good support from family, friends or teachers and good relationship with the healer and all different health care providers involved.
- (ii) Adequate finance, since medical care is not only for the sick, but also for the healthy.
- (iii) Availability of welfare or social and economic security.

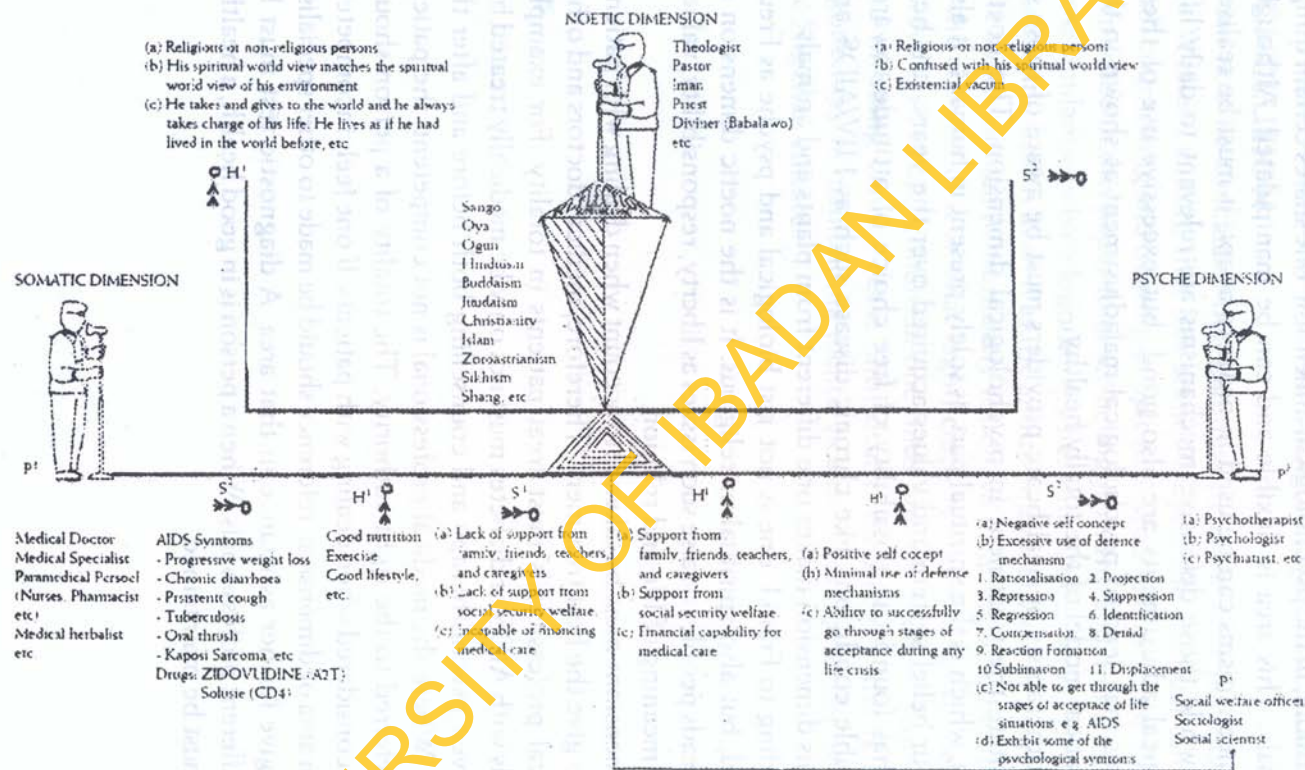


Fig. 12: Asagha's diagrammatical model of total being after Frankl's concept.

Furthermore, in the psychological dimension, one shares certain things with animals. This area is flexible and can be manipulated. Although, different mechanisms can be used in order to adapt, it must be realised here that while those defensive mechanisms are relevant to daily life, psychological adjustments are also good, but excessive use of these mechanisms may lead to psychological maladjustment as shown in the diagrammatical model of the totally healthy.

Psychotherapists or healthcare providers must be aware of these so as to facilitate the treatment in psychological dimension. The noetic dimension, which is the spiritual part, is solely present in humans. It also involves our belief system and values acquired over the years. It is here that one has found the possibility of free choice of attitude towards unchangeable conditions like chronic disease such as HIV/AIDS and others. This dimension makes one different from plants and animals.

According to Frankl, one is not just biological and psyche as Freud has opined, but also spiritual or religious. It is the noetic dimension of man that leads people to raise such issues as liberty, responsibility, values, search for meaning of life and religion.

All dimensions must be taken into account when dealing with patients in order to give the best treatment. Therefore, medical doctors and other paramedical professionals must treat patients in totality. For example, individuals with AIDS or diabetes must not only be medically treated but also be given psychotherapy and counselling both before and after the diagnosis. Where the medical professional is not competent, the patient must be referred to the right authority. The totality of a person should always be considered when dealing with patients. If one feels incompetent in a certain area or dimension, reference should be made to other specialists who can give further assistance in that area. A diagnostic test must be used by different professionals. When a person is in good health, a healthy lifestyle must be maintained.

CONCLUSION

It can now be concluded that logotherapy is the only psychotherapy in the Western culture that has acknowledged the spiritual dimension in both counselling and treating people in despair and in doubt. Efforts have been made in this paper to describe logotherapy and, more importantly, those similarities which logotherapy has with African world view of illness, disease and health as well as the anthropological view of man in general. The ability of man to constantly search for meaning whether in health or in the absence of it is what logotherapy is about. That is, meaning will always exist in any condition one finds himself. Hence, man's ability to find meaning cannot cease until death. As a result, the relevance of logotherapy in maintaining mental health cannot be under estimated in the Nigerian culture.

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Logotherapy, Gender and the Control of Acquired Immune Deficiency Syndrome (AIDS)

INTRODUCTION

In the last decade, significant efforts had been made by government and non-governmental organisations or agencies (both local and international) to curb the high mortality rates of communicable diseases in many developing countries including Nigeria. While significant changes have occurred in the pattern of health and disease, AIDS has now emerged in both developed and developing countries, and its prevalence calls for more urgent attention. Health was formerly defined as 'an absence of disease' while disease as 'an absence of health.' Some experts define health as a state of wellness, and disease as physical discomfort which gives no room for emotional, psychological, social pressures and other environmental factors that affect man. Likewise, Romans in Engel (1969) defined health in a positive sense as "the capacity of the organism to maintain a balance in which it may be reasonably free of undue pain, discomfort, disability or limitation of action." WHO's definition of health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or sickness.

A paper presented at the 1994 World AIDS Day Seminar by the NNNGO, Oyo State branch in collaboration with WORDOC at the Institute of African Studies, Lady Bank-Anthony Hall, University of Ibadan 30 November, 2004.

This laudable goal 'Health for all in year 2000' could not be achieved without the incorporation of holistic approach which is defined as a state in which a patient is integrated in all his levels of being. That means all modalities of treatment may be used in holistic healing which are surgery, medicine, pharmacotherapy, rehabilitation and all other alternative medicine like: hypnosis, acupuncture, yoga, meditation, homeopathy, naturapathy, healing through herbs, psyche-healing, etc.




This paper is going to start with the history of healing practices with the emergence of modern medicine as well as the analogical table between pre-historian era to present time and beyond, the Asagba's diagrammatical model of total health and conclude with the sayings of Hipocrates.

HISTORICAL BACKGROUND

The urge to survive has always been with us. Women and elders have traditionally been longtime healers and soothing effects. In pre-historic era when there were no medicine and surgery was not the immediate solution for some minor problems as witnessed today, the integration of body, mind and spirit was unknowingly practiced. Healing was still made possible, although the approaches were all trials and errors, which was based on instinct and superstition. There was the belief that evil spirits caused illness, thus rituals to frighten the spirits away were used. This type of healing is still practiced in some societies today including Nigeria as shown in Fig. 13.

Women had mostly been healers as mothers, home mid wifery and care of husbands as well. Although they are always in the background.

	A PRE-HISTORIAN ERA - NON-RECORDED ERA	B 500BC-1500AD ANCIENT ERA AND MEDIEVAL MIDDLE AGE	C REFORMA- TION ERA 16TH-19TH CENTURY	D 19TH CENTURY -1994	E WHO'S GOAL YEAR 2000 IDEALISTIC GOAL
DEVELOPED COUNTRIES	1	1	2	2	2
SOME DEVELOPED COUNTRIES	1	1	3	3	3
NIGERIA AND OTHERS	1	1	1	1	1

- 1  Unscientifically proved holistic health practice.
- 2  Modern medicine or western medicine
- 3  Scientifically proved holistic integrate or hand modern / western medicine.

Scientifically proved Holistic Health

- Hypnotism ——— Meditation ——— Massage
- Naturopathy ——— Acupuncture
- Bioenergetics ——— Yoga
- Spiritual healing ——— Homeopathy
- Relaxation Therapeutic Touch

Fig. 13: Analogical table between pre-historic era and present day – year 2000.

MOVEMENT IN THE EMERGENCE OF MEDICINE

The ancient Egyptians were among the first to practice medicine. In fact, eminent physicians from all over the world went to Alexandria to study scientific medicine. The Hebrews were also noted in the practice of hygiene and disease prevention like sanitation. Moses was known to have been a great sanitationist. It was him who advocated the inspection of food supply and the slaughtering of animals, among other things. The foundation for the science of biology and anatomy was laid by ancient Greece. Hippocrates, who is known as the father of modern medicine, recognised the need to study the patients' histories and symptoms so as to know the cause of the disease before searching for the correct remedy. Portions of the oath Hippocrates formulated are still taken by graduands of schools of medicine up to date as would be read later in this chapter.

Ancient Rome's major contributions to the advancement of modern medicine were in sanitary constructions (which are known as primary health care today). Good drinking water, drainage systems and well laid streets were some of the effects of Roman health. At the time of Jesus Christ, his work was mainly done around Palestine but later Christians helped to spread His teaching of love and care for the destitute, helpless and sick, to all parts of the world.

This time, women were noted to be more active in healing. This was when women came into prominence as regards taking care of the sick. They had earlier been quietly carrying out this duty. Women like Fabiola, Marcella and Paula were great Christian matrons in Rome.

The period between 500 – 1500 AD is referred to as the middle ages while its early part is called the dark ages. At this latter period, Christian monasteries became the centre of education, medicine, nursing and religion. Francis Assisi was well known then in the nursing of the poor and sick, especially the lepers.

Three nursing orders emerged at the middle ages namely, the religious orders usually found within the monasteries; the knight hospital or military orders which took care of the wounded; and the secular orders, designed to take care of those suffering from specific diseases. Reformation which

started in the 16th century dispersed these orders and medicine found its way into the universities, where it started to advance.

Nursing was not as fortunate as in the society. In fact, the few people left in nursing then were illiterates and immoral women. However, in the 17th century, the Community of the Sisters of Charity emerged; this group grew to be the largest Roman Catholic sisterhood to date. It was founded by St. Vincent de Paul, a French priest and they mainly catered for the poor in their homes and in hospitals. It was a good turning point for nursing and healing.

In 1851, a young English woman named Florence Nightingale was in Kaiserweth, Germany and she visited the institution built by Pastor and Mrs Theodofliedner for training deaconesses who would teach and nurse. There she learned much of the things she was to use later as basis for nursing reforms. One of her greatest contributions to the nursing career was her insistence on a strict code of ethics for nurses.

Science has helped to advance medicine and nursing tremendously. This fact is evident in the works of eminent scientists like Leeuwenhoek (microscope), Edward Jenner (vaccination against smallpox), Louis Pasteur (germ, theory of disease), etc. Although they were men, their names must not go unmentioned here. Their theories were all based on single factor of disease causation. The transition from pre-historic era's view of disease causation to modern view had hindered the healing of most chronic diseases like AIDS whose cure has not been found up till now. Instead of understanding man as a total being comprising of biological, psychological, social and cultural entities, they reduced man from his natural environment and tore him apart from his mind and body. The fragmented body is further deserted system from system, organ from organ, tissue from tissue as well as cell from cell. At the end, science had reduced man to a molecular or atomic level in which man is no longer a whole living being but a mechanised, dehumanised set of particles.

The failure to reunite man had left him in a disjointed state and he is seen as a group of parts rather than as a total entity. There were so many traditional theories of disease causation that focus on those group of parts

of man instead of man as a whole. Those limited on single theories would be briefly mentioned here:

1. As it was written earlier on, the pre-historian era that saw disease causation as always external to man and never part of him, that is, evil spirit, charms and spells must be cast away from man before healing him.
2. Seeing the human body as a machine and disease as the result of a defective part that must be repaired was the belief of Rene Descartes, the French philosopher in the seventeenth century. This 'body machine' theory was the basis for surgery at that time. It is now clearly understood that disease is just a failure in growth, development or adjustment and there is an inter-relationship between organs as a whole not as parts.
3. The disease processes are localised and affect only just an organ or a system. This view of disease is like the 'body machine' theory which explains the pathological and physiological concept of disease. Now the inter-relationship between body organs and the body systems are very closely understood by every medical man, but in spite of this new knowledge, the out-moded 'organ-centred' thinking still remains within the medical community.
4. The dualistic theory of disease, that is, the mind-body are separate entities, like the body machine theory, had dominated man's thinking since the time of Rene Descartes. Now most people know that a physical disease can generate a psychological problem, therefore, mind body are integrated.
5. A single-factor theory of disease causation – germ theory which involves a chemical and molecular factor. It is now known that when three people are exposed to germs, all the three might not catch diseases. Likewise in psychiatry, single factor theories do occur while some psychiatrists try to explain mental disease mainly in terms of the patients' early childhood. Other psychiatrists have paid much

attention to the disturbance of the sexual drive as the main problem in mental disease.

The discovery of the effect of biochemical changes is another single factor of disease causation. The use of multidimensional approaches in treating mental problems is now well-understood which is contrary to all the above-mentioned different types of single factor of disease causation. Since disease causations are now based upon the totality of man, the interrelationship between the various organs, between mind and body and between the total man and his environment are now recognised worldwide. For example, the analogical table between prehistorian era and the present as well as in the future (see Fig. 13) had shown how Nigeria, among other developing countries, is still behind in using both modern medicine and alternative medicine which are also scientifically proved holistic medicine. In order to achieve the 'health for all', we must research on our traditional methods and incorporate them into the alternative health medicine like those in western countries. Efforts had already been made and are still on now in other developing countries. Ideally, all countries should be like what had been shaded in the classification of E in the year 2010. That is every healer or health practitioner should either use both modern and alternative medicine or use modern but make referral to an alternative medicine practitioner where necessary, vice-versa. Everyone must take the concept of total health as a philosophy in practice.

If disease is the result of multiple factors both in man and in the environment, then the healing must be multi-dimensional as only the social, psychological or physical is incomplete healing which Tillich (1961) calls 'unhealthy health' even if the patient is really well after the one-dimensional treatment. This occurs when only one dimension is used in healing without taking other dimensions into consideration. An example of a successful surgical operation of breast cancer of a woman might bring the point home here. If she had to be sent home without pre and post-surgical and psychological counselling, she had already been healed in

one dimension – physiopathological dimension – but not in her psychosocial, cultural, environment and spiritual dimension. Her fear and anxieties before and after the operation are still with her. Adjustment and coping with her deformed body as well as her husband and environment, even her husband's reaction to her, must also be taken care of in order to achieve a total health. The same procedure must be applicable to AIDS patients. They must be healed in all dimensions.

ASAGBA'S DIAGRAMMATICAL MODEL OF THE TOTALITY OF BEING

As discussed earlier on total health, the ever long question asked by healers, scientists, caregivers, patients, laymen and other helping personnel is 'which treatment is suitable for which individual and under what conditions?' Because of the multifactor problems, patients with chronic diseases seeking for help or healing in daily practice do not match with only one theory. It is now generally accepted that multimodel approach in practice is a very important concept. Cultural and belief factors play a great role as well.

Up till this era, we all know in the practice that there is still no theory that would solve all problems of different patients. The closest to such theory had been very slow to develop in modern medicine and psychotherapy's world because of the failure of the theory to be translated from German to other languages. The founder of this theory is a renown theorist named Prof. Viktor Frankl. He believes that the total health of a man comprises of body, mind and spirit. According to Frankl (1988), some experts had theorised something close to that such as: Hartman in his ontology theory and Max Scheler's anthropology theory. Also Saint Aquinas in his unitas multiplex. Frankl prefers to describe man as 'unitas in spite of multiplicity.' Frankl had tried to bring the first two theories together which he called 'dimensional anthropology and antology' by making use of the geometric concept as an explanation of the major diversity that does not affect the togetherness of the figure.

Frankl, the founder and father of logotherapy, had used the above theory to bring together different schools in psychotherapy as well as in

medicine, religious and non-religious people. Asagba (1993) used the same theory to bring different medical professionals as well as traditional medicine practitioners and modern herbalists or alternative health medicine practitioners together to achieve total health in patients with chronic diseases.

The importance of the concept of totality of being in patients should not be ignored as earlier written because human beings have three dimensions which are interwoven with each other and one cannot separate any part of these three dimensions (Asagba, 1993a, 1993b and 1994, Grumbaugh, 1988, Lukas, 1984 and 1987, Frankl, 1963, 1986 and Fabry, 1966). These three dimensions in humans are somatic (biological/physiological and pathological), psyche (psychological) and noetic (spiritual) dimensions. We all share mostly with animals and plants within biological dimension. In relation to AIDS, the issue is mainly on biological dimension which can also be called pathological, for example, an AIDS patients with Kaposi's sarcoma, lymphocytosis, pneumonitis and other AIDS related complex diseases. The treatment should not be limited to medical alone but with other treatments.

In the psychological dimension, we share this mainly with animals. This area is flexible and can be manipulated so also we human beings. Although we can use various defence mechanisms and other ways to be able to adapt and survive while the survival of animals depend on the type of the species. We must realise here that while those defence mechanism are very protective for our daily ways of psychological adjustment, excessive use of those stated defence mechanisms as indicated in the Asagba's diagrammatical model of totality of health may lead to psychological maladjustment. Caregivers or healers must be aware of these so as to facilitate the treatment in the psychological dimension. The noetic dimension, which is the spiritual part, is solely in human. This is the possibility of free choices of attitude one has towards an unchangeable condition like a chronic disease. This dimension makes one different from plants and animals because it is the human being who can think

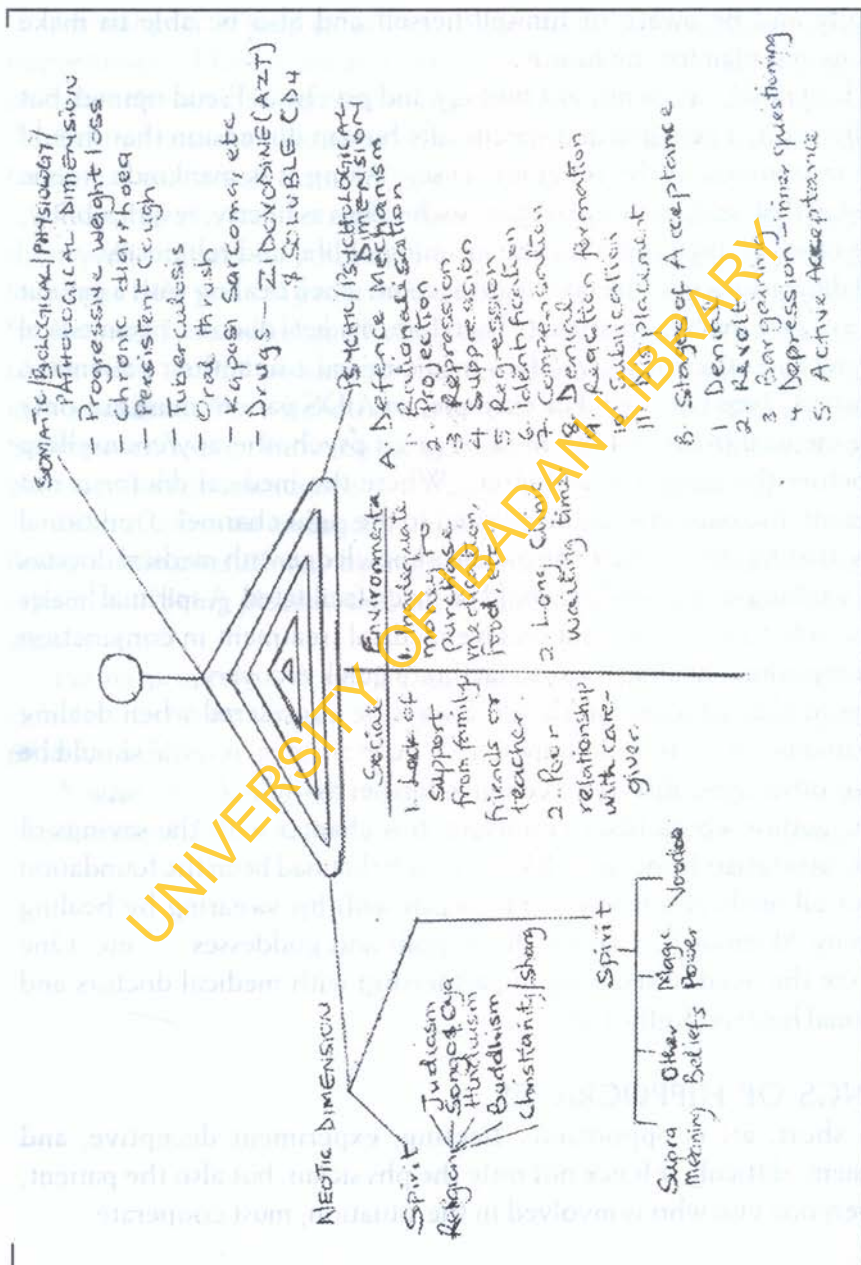


Fig. 14: Asagba's diagrammatical model of total well being.

rationally and be aware of himself/herself and also be able to make decisions and plan for the future.

As for Frankl, one is not just biology and psyche as Freud opined, but basically spirit, a personal and specifically human dimension that should not be interpreted in the religious sense. 'Along it is mankind's noetic dimension that leads people to realise such values as liberty, responsibility, a sense of value, the search for the meaning of life, and religiosity.'

All dimensions must be taken into account when dealing with a patient in order to give the best treatment. Therefore, medical doctors, paramedical personnel and others using modern medicine must treat their patients in their totality (see Fig. 14). For example, an AIDS patient must not only receive medical treatment but must be given psychotherapy/counselling both before the diagnosis and after. Where the medical doctor is not competent, the patient must be referred to the right channel. Traditional healers must be able to share the patient's knowledge with medical doctors so that working in partnership would be much facilitated. A spiritual healer must be able to let his patient receive medical treatment in conjunction with her spiritual healing so as to facilitate quick recovery.

The totality of a person should always be considered when dealing with patients. If we feel incompetent in a certain area, referral should be made to other specialists who can give further assistance.

The author would like to conclude this chapter with the sayings of Hippocrates (apart from his well known oath that had been the foundation oath for all medical schools). He began with his swearing by healing Apollo by Aklepios "... out by all the gods and goddesses ..." etc. One could see the need of working in partnership with medical doctors and traditional healers (Kelly 1978).

SAYINGS OF HIPPOCRATES

Life is short, art is opportunity fleeting, experiment deceptive, and judgement, difficult. Hence not only the physician, but also the patient, and everyone else who is involved in the situation, must cooperate.

Healing is a matter of time, but sometimes also a matter of opportunity. Hence, medical practice must not depend primarily on plausible theories, but instead on experience combined with reason.

Do not hesitate to ask the opinion of laymen, if any improvement in treatment may result from doing so.

Care for the sick to make them well; care for the healthy to keep them well; and care for yourself. It is never a mistake to call in a consultant; for all the help you can get is never enough. Sometimes give your services for nothing, remembering what gift you have received, or for the pleasure of the work. And if you have a chance to help an impoverished stranger, give your best. For where there is love of people, there is love of the art. Some patients, even knowing their condition is serious, will recover simply because of their confidence in the goodness of the physician.

Do not adopt an outrageous mode of dress in order to attract patients. Being a little unusual may be in good taste, but too much will harm your reputation. Being pleasant and fashionable is not beneath the physician's dignity.

Eating properly will not by itself keep well a person who does not exercise; for food and exercise, being opposite in effect, work together to produce health.

A wise person should consider health to be the greatest of human blessings and should learn how to benefit from illness by thinking.

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Psychosocial Issues in the Management of Diabetes Mellitus

Psychosocial issues in the management of diabetes have, for a long time, been neglected. The difficulties in achieving high successful rate of diabetes mellitus treatment all over the world has made many researchers to shift their interest or attention to psychosocial areas, specifically those individuals with psychological co-morbidity that interferes with their well-being, self-care, and glycaemic control. For instance, depression is commonly observed in most people with diabetes yet in most cases is not diagnosed (Snoek and Ballegoie, 2004). In the same vein, a lot of literature have proved beyond doubt the importance of psychosocial issues in the management of diabetes (Day, 1995; Haplan, Chadwick and Schimmel, 1985; Dunn Beeney, Hoskins and Turtle, 1990; Ajzem and Fishbein, 1980; De-Weedt Visser Kok, Van Der Veen, 1990; and Asagba, 1994).

Despite the recognition of this view, recent findings have indicated that psychosocial issues in the management of diabetes are not world-widely well pronounced in practice. For instance, the Diabetes, Attitudes, Wishes and Need (DAWN) study showed that psychosocial support is under-utilised in individuals with diabetes mellitus. Snoek and Van Ballegoie (2004) demonstrated that, "the growing appreciation of the psychological implications of diabetes has not yet translated into a significant improvement of psychosocial care for people with diabetes."

Furthermore, it was discovered that not much progress has been made since the St. Vincent Declaration (SVD) in 1995. In this declaration, guidelines on how to encourage psychological well-being in persons with diabetes were provided. For the guidelines to be successful, they have to be fully included in the national programme of countries and implemented by all the stakeholders in the respective countries. From this view, Snoek and Van Ballegooie (2004) examined the content with emphasis on psychosocial diabetes guidelines from 1998-2003 through websites of National Diabetes Associations, Psychological Associations and Psychiatric Associations. It was discovered that out of 42 countries that responded to the internet research, only 13 countries cited psychological problem. From this report, there is a need to promote psychosocial support in the management of diabetes.

THE NEED FOR INTEGRATING PSYCHOSOCIAL ISSUES INTO THE MANAGEMENT OF PEOPLE WITH DIABETES

We all know that individuals with diabetes can lead a 'normal' life. For instance, people with diabetes can function fully well in the family, school, workplace and community settings. But, if we consider all that is involved with diabetes self-care which are complex and demanding, especially when asked to balance food intake and exercise with the medication, injections and blood test for glucose levels, then it is not "normal". All these demands of diabetes self-management can impact negativity on the psychological status of people with diabetes (Colagiurii, 2004).

Healthcare providers who come in contact with those persons with diabetes and their relatives know fully well that having diabetes affect not only their daily living but that of other people living with them. Many findings have indicated that individuals with diabetes have more psychological problems than those without diabetes. For instance, depression rates are two to four times higher in people without diabetes (Colagiuri, 2004; Lustiman, Anderson, Freesland de Groot, Carney RM and Clouse RE, 2000; Anderson, Freedland, Clouse and Lustman, 2001).

Furthermore, Alberti (2002) discovered that poor well-being, anxiety and stress were pronounced among over 5,000 people with diabetes in 13 countries surveyed by Diabetes, Attitudes, Wishes and Need (DAWN). Since it has been discovered that psychosocial issues, beyond doubt, not only affect individuals but influence their ability to manage their conditions, psychological complication should be looked into as importantly as the physical complications, when managing diabetes. According to Colaginri, (2004), "it would be almost abnormal for a person not to experience some difficulties adjusting to life with diabetes." This indicates that all health care providers should be trained to recognise some common psychosocial issues, which could be mild to severe anxieties or mild to severe depression or mild to severe coping difficulties.

THE NEED TO UNDERSTAND PATIENTS' POINT OF VIEW

The probability of success in the treatment of diabetes which is a chronic disease depends on multifactors which are related to the approach of the doctor, nurse or other health care providers towards the patient: The patient himself and the environment, of course, are other factors (Asagba, 1994). Therefore, a patient's active participation in the treatment is very important especially when new symptoms are coming out as a result of some late complications. The acceptance of the disease itself on the part of the diabetic patient is the most important here, before he or she can actively participate in the treatment (Asagba, 1994). We all know through our daily experience with patients of chronic diseases that coping is not easy. According to Assal, Berger, Gay and Canivet (1983), "coping with a disease is the positive result of an individual's progression through a developmental sequence of difficult adoptions which occur when a person has lost good health."

The psychological adjustment of the patients to their disease is fundamental and need to be recognised by all health care providers (Gfeller and Assal, 1980). Accordingly, the psychological understanding of a patient with a chronic disease such as diabetes can be divided into two eras: the era before

diagnosis and the era after. This is the reason why a newly diagnosed diabetes person must be given psychological counselling because the 'psychological profile' of the patient may at times contribute directly or indirectly to the risk factors of the present disease. For instance, a person having psychological problems which led to over eating may end up being obsessed. This may be followed by peripheral resistance to insulin and finally diabetes mellitus. Also, after the diagnosis, a patient's psychological reaction to diabetes could result to other symptoms that may quickly activate some of the late complications no matter how good the treatment his or her doctor had provided. Therefore, Gfeller and Assal (1980) advocated the importance of a patient's acceptance of his/her illness as the goal for the effective management of persons with diabetes mellitus. As we all agreed that the acceptance of a chronic disease such as diabetes means nothing less than the acceptance of the loss of one's biological normality which is the mourning of the loss of health.

In support of this view, Freud, the father of psychoanalysis, had long since 1917 described the three stages of normal mourning, which are denial of reality, depression and adaptation to the new reality. In 1969, Kubler-Ross extended the stages of revolt to five stages of mourning which are:

1. Shock and Denial: This normally occurs when the laboratory results are positive and the patient is being diagnosed as having Diabetes Mellitus (DM).
2. Revolt and Aggression: This stage comes with the question of 'why me' on the part of the patient.
3. Bargaining: The patient may agree to one therapy, but refuse the other without any reason.
4. Depression with the inner questioning: This is not the same with clinical psychiatric depression but the patient may sometimes have the combinations of other symptoms.
5. Acceptance: The patient may sometimes slip back from total acceptance to false acceptance. The true acceptance is when the patient takes charge and is in control of all the treatment's regimens.

These five stages are not in sequence because patients see themselves moving from one to the other at different periods of their diseases. It is very necessary here for health care providers, to be able to recognise those stages. Each stage requires an open attitude and support from providers, whose therapeutic role is also to provide the stimulation which encourages the patient into acceptance of the disease. This is the final stage in which the diseases are integrated into the patient's psyche, for him to actively participate in his treatment. Therefore, active listening is needed from the doctors, nurses, or other caregivers to be able to recognise which stage of response to diabetes reaction the patient is. This is the only way one can understand how the patient can express his 'subjective inner turmoil'. As a result, the success of a patient's treatment is much dependent on how much of the chronic disease is accepted by the patient and how the HCP has been able to provide psychosocial support (Asagba 1994).

With our experience with people with DM, one can see that coping with the disease is a very dynamic process which goes through many stages that are all protective mechanisms against the dramatic resentment of the patient who discovers the loss of his or her bio-psychosocial well being. As a result, they use various defence mechanisms which are 'adaptive mental mechanism'. For instance, these are mental processes and behaviour that serve the important function of protecting one's self esteem by defending us against excessive anxiety. For the patient, anxiety can be generated from having diabetes or other chronic diseases.

To maintain a healthy body to function fully, adequate self esteem and self respect are necessary. This is the reason why we all use certain types of behaviour especially when we find ourselves in stressful situations so as to maintain and improve our self concept because we constantly encounter anxiety-producing situations in our daily lives through which we feel our 'self' being threatened. We have to make use of some of our defence mechanisms which comprise those habits we have developed to enable us to defend our self regard and sometimes to enhance it. This self protection, by means of defence mechanism, is not only from threat from

our external environment which is from other individuals and situations we find ourselves but also for our internal environment which are from our own impulses.

It is very important to know that defence mechanisms are not utilised deliberately, instead they are unconsciously used in most cases. They, therefore, function as self-deception by masking or disguising our true motives because they deny the existence within ourselves, impulses, actions or memories that might be anxiety provoking to us. Healthcare providers should recognise the behaviour as being defensive in nature because it serves the function of protecting the patient from anxiety emanating from chronic diseases such as diabetes, which may produce frustrations, conflicts and anxiety.

In order to get rid of all these problems and maintain our self-concept the patient can over utilise some mechanism which may disturb mental health status. In addition, those mechanisms that helped the patient to adapt before, when he was without diabetes, are no longer useful for him now that he has diabetes.

Defence mechanisms are not bad if they are used in appropriate time and situation. We all use them daily as a means of adaptation to life because they help us to reduce anxiety and to maintain an emotional balance. But, it can cause psychological disorder if over-used or when we become dependent on them or if they fail to function as defensive mechanisms. This is the reason why all health care providers should recognise all these in order to understand their patients better and not increase their anxiety but provide a conducive environment which will allow the patient be more open to them.

There is a word of caution here because if we know about defensive mechanisms, it does not mean that we should label or stereotype patients or classify patient's behaviour. In most cases, patients may use more than one or more defensive mechanisms whenever they face anxiety-provoking situations. The following are some defensive mechanisms and how to identify them:

1. **Compensation:** This is a conscious or unconscious effort to overcome imagined or real inferiorities. For instance, a footballer with diabetes that is on insulin has to work hard by controlling his blood sugar level before, during and after playing. In this, he compensates for being diabetic by putting extra energy than a normal person and is selected in his team despite his diabetes.
2. **Denial:** This is when one unconsciously does not want to acknowledge to oneself what is not comfortable to accept. This occurs when a person with diabetes refuses to accept that he/she has diabetes. Despite the indication of a high blood sugar level, he can get home to tell friends or family that his blood sugar level is normal and do nothing to control it or he can see the diabetes as the half unfilled cup by focusing on the half-filled up which are other positive aspects of his life and cope well by doing everything possible to reduce the blood sugar level.
3. **Displacement:** This is when an emotion or behaviour is channeled from the original object or person to a more convenient substitute object or person. This occurs when a patient is scolded for not following his diet and medication by his doctor. On getting home, he greets his wife and other members of his family with anger and gives them no peace throughout that day.
4. **Identification:** This is when one unconsciously takes up all the personality characteristics of someone one admires. This occurs when a difficult patient sees another one with the regulated blood sugar level by following her diet, medication, exercises and keeps regular appointment. After several months, the patient starts coping well with all the habits and she is now doing everything the other patient does without knowing it. At the end, her blood sugar level drops to normal almost like the other patient she admires.
5. **Projection:** This is when someone attributes to others by exaggerating certain undesirable qualities, which he or she does not want to recognise in her/him. For instance, a patient that is self-

centred jumps the long queue of all the protocols in the hospital. He gets reprimanded for the behaviour. When he gets home, he tells his wife how all the staff in the hospital are self-centred, because they refused to attend to him on time.

6. **Rationalisation:** When a patient gives a logical reason for behaving in a certain way. It could be motives that one does not want to acknowledge in order to maintain self respect or prevent feelings of guilt. For instance, a school boy who is having diabetes is rude to everyone in the school and behaves naughty all the time. When asked why he behaves in such ways, he could say it is because he has diabetes.
7. **Regression:** This is when a patient unconsciously returns to an earlier level of emotional adjustment. This occurs when a patient who used to inject herself and test her blood sugar level daily suddenly changes by not being able to do them but now depends on someone to help her.
8. **Repression:** When someone unconsciously forgets about unacceptable ideas, impulses or events. It helps to protect him from being constantly aware of the anxiety-provoking situations around him or her for example, this occurs when a patient had an argument with a staff nurse who later handed over an appointment date to him. When the time came, the patient might forget the appointment date. In the process of trying to forget the unpleasant event, he/she unconsciously forgets the date because of the unsuitable event that had accompanied the date of the appointment.
9. **Sublimation:** This is when someone diverts unacceptable impulses into socially acceptable behaviour. For example, a patient is angry that his two legs were amputated and thus must remain in the hospital for some time. He was missing his home, wife and children and how he would be able to care for them. Therefore, he directs his anger and energy into making some crafts with the assistance of the occupational therapist and sold those craft works. This enables

him to send money home for the care of his family. This gives him life satisfaction.

10. **Suppression:** This is when someone consciously puts unacceptable ideas, impulses or events out of his/her mind which can readily be retrieved back to a conscious level again. For instance, a patient who undergoes a laser surgery and was very sad can decide not to think about it and instead gets engaged in other activities like visiting friends or going jogging and so on.

COUNSELLING PATIENTS

Having known all these defensive mechanisms that our patients may be using, we must try to understand them through actively listening to them. It is a common observation that people generally talk to one another without them really listening to one another. An individual with diabetes needs to be heard. Therefore, we must try to accept the patient's message from the objective point of view, without judging or jumping into conclusion. You should make efforts to show to the patient that you are not only paying attention to him or her but listening. You must beware of your body language such as eye contact, posture, tone of voice and how you respond to your patient while conversing with him or her (Kottler and Brown, 1992; Ivey and Galvin 1984).

You must clarify the problem at hand. For instance, what is the problem area at present? Is it diabetes or something associated with it or a family related problem? Oftentimes, it might not directly relate to diabetes, therefore, clarification of a problem is very important here because individuals have clear ideas of what is wrong in their lives. Therefore, they are in a better position to discover answers. This is the reason why healthcare providers should try to understand the problem from the patient's point of view. We need to constantly check by paraphrasing our level of understanding on the issue raised by the patient in order to be sure that we really understand. For instance, one might ask, 'Are you saying that you feel depressed because you have diabetes or because of your

financial needs?' The feelings of the patient are very important factors to focus on. We should avoid passing judgments on what patients say to us in order to encourage free flow of emotion. Otherwise we would make them to become defensive and refuse to be open to us. For instance, a patient comes in with high blood sugar level. You know she does not follow her diet. If you say, 'Maybe you do not follow your diet and other instructions.' This may make her become defensive or hostile. Therefore, the best way to focus on her feeling is to say 'I know how you are feeling,' 'you must feel terrible!' or 'How are you feeling now?' The patient will then begin to open up on how she is truly feeling (Ivey and Galvin, 1984).

It is very important here that we avoid giving advice to patients. Instead of using 'why can't you do this?' We should try to provide understanding and support for the patient because he/she may have reasons for not following his/her diet and other instructions. He/she knows he/she has to follow his/her diet the problem is to understand why he/she does not want to diet (Egan, 1984; Berne, 1964).

Furthermore, acceptance of the patient's point of reference is another issue we must contend with in dealing with him or her. We must not only sympathise with the patient but have empathy, in other words, be able to put ourselves in the patient's shoes. Therefore, we should be able to differentiate between helping from non-helping behaviours. The following helping and non-helping behaviours from Kottler and Brown (1992) had been adopted by Coon (1995), and can be viewed here.

Helping and Non-helping Behaviour

Active listening	Probing painful topics
Acceptance	Judging / Moralizing
Reflecting feelings	Criticism
Open-ended questioning	Threats
Supportive statements	Rejection
Respect	Ridicule/sarcasm
Patience	Impatience
Genuineness	Placing blame
Paraphrasing	Opinionated statements

THE NEED FOR WHOLISTIC APPROACH IN THE MANAGEMENT OF DIABETES MELLITUS

The concept of totality of being in patients should not be ignored here, because human beings have three dimensions which are interwoven and one cannot separate any part of these three dimensions (Asagba, 2002 and 2005; Grambaugh, 1981; Lukas, 1984 and 1986; Frankl, 1986 and 1963 and Fabry, 1987). As indicated in the diagram, these three dimensions in humans are somatic (biological/physiological), psychic (psychological) and noetic (logotherapy) dimensions. We share most attributes with animals and plants within the biological dimension. Of course, all the management procedures such as medication and insulin in diabetes are within biological dimension which can also be called physiopathology. For instance, hyper/hypo insulin or lack of insulin in diabetic patients.

In psychological dimension, we share this mainly with animals because both human being and animals can be manipulated. Although we can use various defence mechanisms and other ways to be able to adapt and survive, we must realise here that while those defence mechanisms are very protective as ways of our psychological adjustment, an excessive use of any of those stated defence mechanisms may lead to psychological mal-adjustment. Therefore, as healthcare givers, we must be aware of these so as to facilitate the treatment in the psychological dimension.

The noetic dimension is solely in human. This is the possibility of free choices of attitude they have towards unchangeable conditions like a chronic disease such as diabetes mellitus. These are the areas where we are different from plants and animals because we are all not only social beings, but spiritual beings. This is the reason why all the three dimensions must be taken into account when dealing with the patient in order to give the best treatment. Therefore, all healthcare providers must treat their patients in totality. For instance, a surgeon must not restrict his patient on just the amputation of a leg when his patient develops leg problem as a result of his diabetes. So also, a diabetologist must not automatically see the daily sexual dysfunction of persons with diabetes as purely physical

while neglecting his patient's psychological dimension. In addition, a psychologist must not limit himself to an interpretation of test results when his patient questions the meaning of life while a priest or Imam or Reverend should not limit his client to religious aspect alone without him referring to the diabetologist. A traditional healer must send his client to a physician for review and be willing to work with other healthcare providers. The totality of persons with diabetes should always be considered when dealing with them. If we feel incompetent in a certain area, referral should be made to other specialists who can give further assistance.

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Logotherapy and Adolescents

ABSTRACT

The contemporary world has been aptly characterised as the 'age of anxiety' or 'storm and stress' for adolescents. The characterisation also implies that every stage of human development from prenatal through birth to old age and death is riddled with various crises, which force individuals to make continuous adjustment. From all indications, the adolescence period is full of crises – biological, psychological, social and spiritual – which are particularly critical. Successive resolutions of these crises are determinants of an overall satisfaction in later life.

The aim of this chapter is to identify some of the problems stated above and highlight some suggestions to alleviate them by relevant authorities that interact with adolescents in their domain, most especially teachers and parents, who must help these adolescents to cope with this difficult period of their developmental stage.

INTRODUCTION

Adolescence is the transition from the end of childhood to the beginning of early adulthood known by authors such as Erikson (1968) as the year between 11 and 20, and Weiten and Lloyd (1997) as from 13 to 20. This period is well known by many psychologists as the period of 'storm and stress', a term Hall (1904) explained is characterised by conflicts between physical changes of puberty and societal expectations for social and psychological or emotional maturity. This was confirmed by other studies

such as Larson and Asmussen (1991) and Larson and Ham (1993). Despite many studies that support Hall's view, there are others which have mainly found adolescence as a stress-free step to adulthood, (Uka, 1973; Hauser and Bowlds 1990; and Peterson, 1993).

These inconsistent studies of adolescence period could be examined against the background of the minority, which constitute maladjusted ones, since the majority of adjusted ones, who are also known to be mature, have the ability to scale through all those things. Although only the minority fall into the maladjusted category, it is not proper to discard those characteristics of adolescent 'storm and stress'. However, it is necessary to treat each aspect as serious as it comes to surface rather than wave them aside as a normal phenomena of the adolescence period that would fade away as soon as they grow into adulthood. This common mistake deserves to be corrected among psychologists, teachers, pastors, parents and other handlers of adolescent matters. The chapter will consider the logotherapeutic view in understanding adolescent behaviour. Efforts will be made to look at the issue from the biological, psychological, social and spiritual aspects in accordance with Frankl's (1959, 1969 and 1988) view of man from the wholistic approach which comprises the biological, psychological and spiritual or noetic dimensions.

BIOLOGICAL CHANGES

Biological changes are more prevalent during adolescence because of many factors such as heredity, hormones, weight, as well as body fat, which plays an important role at this time popularly known as puberty. According to Santrock (2002), "puberty is a period of rapid physical maturation involving hormonal and bodily changes that take place in early adolescence."

Many authors try to differentiate puberty from adolescence because they feel it ends before adolescence; therefore, they always view puberty as a transition point to the beginning of adolescence. Even before puberty, there are physical changes termed 'growth spurt' noticed before puberty and usually manifested at the beginning of adolescence. As a result, many

psychologists use the term 'pubescence' to describe the two-year span before puberty when all the physical and sexual changes manifest.

Apart from the physical changes in terms of growing taller and heavier, the secondary sexual characteristics, which distinguish gender roles, also begin to emerge. In boys, it comes in the changing of voice as a result of the enlargement of the vocal box, appearance of hair on the upper and lower arm, chest and pubic area. Also, acne develops on the face or other parts of the body, and there is development of muscles and skeletal features as well as the enlargement of the penis and testes. In girls, there is the development of acne on the face or other parts of the skin and hair grows also under the arms. There is appearance of pubic hair and the enlargement of the breasts and uterus, which allows menstruation to begin.

The endocrine system plays a vital role in puberty because of the interaction between the hypothalamus, pituitary gland and the gonads. While the hypothalamus section of the brain controls eating, drinking and sexual activity, the pituitary gland controls growth and regulates other glands. The gonads controls the sex glands such as the testes in males and the ovaries in females respectively. This is why testosterone and androgen play vital roles in males and pubertal development – a rising level of both is correlated with many of the physical changes in boys – while the rise in estradiol and estrogen hormones correlate with all those physical changes in females. Apart from controlling sexual activities, the pituitary interacts with the hypothalamus, and other glands such as thyroid to produce growth effects.

Normal changes that specifically relate to puberty are the adrenarche and gonadarche. Adrenarche controls hormonal changes in adrenal glands, which are situated above the kidney that manifest between six and nine years of age before puberty. Adrenal androgens are secreted by adrenal glands during adrenarche and continue to puberty (Santrock, 2002; Weiten and Lloyd, 1997).

Many individuals believe that the period of gonadarche is the puberty because it entails the development of reproductive maturity. The gonadarche period for girls is the first menstrual period, which many

authors call menarche while for boys, the first ejaculation of semen called spermarche. Although, this period varies not only according to gender variation but also according to cultural variation. For instance, it was noted by Grunbach and Styne (1992) that gonadarche begins in African-American girls at about eight to nine years of age. In white-American girls, it is about nine to ten years. In both populations, boys begin approximately at ten to eleven years.

Furthermore, there is a continuation of sex maturation after menarche until age sixteen while boys complete sex maturation at about the age of eighteen (Tanner 1978; Brooks, Gunn and Retter, 1990). After age twelve, boys exhibit more physical strength, speed, and endurance than girls with whom they are at par than when they are both under twelve years old.

Following sexual maturation, Brooks-Gunn and Retter (1991) noted that the physical changes in all the secondary sexual characteristics continue to develop until the body attains adult height and weight which is about age seventeen for girls and twenty for boys.

Growth spurt is the term used to describe the rapid changes in puberty. Growth change is slow during childhood but towards the end of childhood, the growth suddenly rises up at about nine years of age for girls and eleven years for boys. Pubertal changes reach its peak for boys around 13.5 years. Height, weight and body fat are affected by the changes. Adequate weight and body fat are necessary for puberty and menarche to occur. This is why a balanced nutrition should be maintained at this period in order to prevent amenorrhoea that occurs with malnutrition or anorexic disorder.

A normal adolescent gains about eighty per cent of adult body weight during adolescence. In early adolescence, girls weigh more than boys but before the end of the period, boys reach the equal of girls weight and in some cases outweigh them. A similar development occurs in the height. Girls' growth in height is about three and a half inches per year and it is about 4 inches per year for boys during growth spurt. As with weight, boys are shorter than girls at the early stage of puberty. But before the end of the stage, boys usually level up and grow taller than girls in some

cases. All these changes recurring as a result of growth spurt could be late or early in individuals; this is why there are late developers and early developers.

PSYCHOLOGY

These physical changes, especially the rapid growth, can be a source of great embarrassment and perplexity to some individuals. They feel awkward, which could induce self-consciousness accompanied by restlessness due to the energy that is readily available and must be dissipated followed by sudden fatigue. These kinds of behavioural changes may not be understood as psychological.

Body image is one of the important psychological aspects of the physical change in puberty. Wright (1989) noted that body image is silent during puberty but becomes more apparent and pronounced during the adolescence period. At this stage, the adolescent is preoccupied with his or her body image. Those who have positive body image about themselves are able to scale through the stage to adulthood without any problem while those with negative body image face problems in scaling through this period.

Adolescents differ in their growth rates. Difference in maturation is related to their ability to develop at this period. Siegel (1982) considers the timing of these physical changes as phase of adjustment process. Precisely, both early and late maturers suffer some psychological problems such as anxiety and self-consciousness about the changes in their bodies. While the early-matured girls are taller and heavier than average girls and boys of their ages, the late matured boys are shorter and heavier than both the boys and girls of their ages. Generally, there are sex-based differences in adolescents' perception of their bodies. Gross (1984) posits that as pubertal changes continue, girls are always dissatisfied with their bodies because of the increase in body weight and fat while boys become more satisfied with their bodies as the muscle, weight and fat increase.

Furthermore, Jones (1965) found out that early matured boys perceive themselves more positive and are more successful in interpersonal

relationships with peer groups than late matured boys. The same findings were found with the early-matured girls, although they are not as pronounced as those of the early-matured boys.

Many studies such as Simmons and Blyth (1987) support the fact that early-matured boys enjoy more advantages than late matured boys while many studies with early matured girls found the opposite result. For instance, they found that early-matured girls are more vulnerable to many problems such as smoking, drinking, eating disorder and depression due to having older friends. They are more attracted to the opposite sex, experience early sex and leave home earlier to be independent of parents (Stattin and Magnusson, 1990; Peterson, 1993; Brooks-Gunn and Parkaffi, 1993; Sarigiani and Peterson, 2000; Brooks-Gunn, 1988).

Piaget (1952) and Keating (1980) noted that cognitive changes in thinking and problem-solving abilities are major features of early adolescence during which individuals think more concretely, abstractly and effectively. They think abstractly like adults and their self-awareness and reflection in thinking make them see things from different points of view. At this period, instead of solving problems by means of trial-and-error as done when they were younger, they now formulate hypotheses and try to systematically test them out. This ability enables them to spend much time in thinking on different phenomena of life such as love, relationships, political issues and government. They also day-dream as well as worry about their lives and what the future would be.

Elkind (1976) pointed out that egocentrism in adolescence is also noticed at this period. The two types of egocentrism in the adolescent period are the imaginary audience and the personal fable. These are very important in understanding adolescent behaviour.

The imaginary audience is one form of egocentrism in which adolescents place too much attention on themselves and at the same time think that other people around them do the same as a result their self-consciousness which could be unnecessary self-criticism or self-admiration. Along with their fantasies, these pave way for all sorts of behaviour exhibited by adolescents. It is common for an adolescent (both male and

female) to fantasise about his own death, the funeral and how his or her friends and others will react to the death. All these are normal and peculiar with that age.

The personal fable, which is the second form of egocentric thinking of adolescents, means the belief adolescents have that they are not only special and unique but are also invincible. Therefore, older people cannot understand them and comprehend all they are going through. This reflects in their reactions to pain or disappointment by their lovers. This often occurs with the first romantic love experience where they feel that no one will ever love them like that and any disappointment from a first love will be a disaster because they believe that no one else can ever replace the lover. Also, conflicts arise in making choices either clothes or styles or dating a particular person not approved by parents.

Other behaviours are also affected by that nature. Some high-risk behaviour of adolescents could be attributed to concept of personal fable. An example is driving at high speed and assuming that it is not possible to have accident at such speed. As a result, increased accident rate among adolescents is well documented. This belief in personal fable is also attributed to adolescent pregnancies where they are found to engage in unprotected sex without using contraceptives, and have the erroneous belief that they cannot get pregnant, although it can happen to other people.

Also, 'imaginary audience' thinking makes adolescents to believe that their physical changes are the focus or target issues of people around them, therefore, people are watching them. As they go about, they see themselves as actors who must be watched by the rest of the society. This is why some girls see the enlargement of their breasts, hips, as well as increased body weight as forms of attention by the people around them. The appearance of facial hair and change in the voice in boys might as well be viewed as the same. Some take the development very seriously and pay too much attention to it that it eventually affects their behaviour. At this stage, parents and teachers need to come to the level of the adolescents and help find solution to this issue. Many studies such as

Doyle (1989) and Arnett (1990) found high correlations in egocentrism in adolescent behaviour among drug users, suicides and failure to take protective measures when engaging in sexual activities.

However, Enright, Schukla and Lapsley (1980) noted that through interactions and intimate relationship in which there is mutual self-disclosures, many others get over the imaginary audience thinking and have more realistic views of others' belief. The similar view found in others' views also help them to discard their 'personal fable' thinking as they come to see that some of their views are not that different from others.

Personality changes are more pronounced in adolescents because of enormous challenges in terms of personality such as questioning and reflecting or experimenting on careers, values and religion selection. The successful achievement of these three aspects lay the foundation for identity formation. It also affects how well one is able to deal with changes in gender-role expectation and all stressors associated with the transition from childhood to adulthood. Erikson (1963) was a popular psychoanalytic theorist who studied with Freud and followed him. He proposed eight stages of psychosocial development which a child has to go through in sequence, that is, the crisis in one stage that has to be resolved before one moves to another stage. The following are the eight stages with the crises along each stage:

1. From the first year of life, the child faces psychosocial crisis of trust versus mistrust with mother or mother substitute. A favourable outcome of which result in trust and optimism. The child is dependent on the mother or other caregivers to meet its basic needs. The child's adjustment process takes on the first and the most fundamental crisis of life, which is between the senses of basic trust versus need. For instance, if the needs are met, a sense of security and trust is developed. The child's feeding becomes easy, the sleep is sound and waste is eliminated without difficult. Whenever the child is left alone for a certain period, he would not be stressed or experience anxiety because he has developed basic trust that the mother would soon be back. For a child who lacks basic trust, sleeping and feeding would be disturbed

as well as the ability to eliminate waste properly. Such a child usually experiences distress and anxiety when left alone. These unresolved basic needs will reflect on the child's later behaviour.

2. The second and third years involve the child's primary adjustment process on the control of bladder and bowels. The ability to control the bladder and bowels gives room for the child to acquire the feeling of autonomy. Also, the ability to deal with the world of objects and people further strengthens this autonomy. The successful resolution of this stage makes the child acquire the feeling of autonomy. Parents or caregivers play an important role on how the child passes through it. This is the stage of autonomy versus doubt. A sense of self-control and adequacy are felt by the child who successfully resolves the stage.
3. From the third year through the fifth year, there is increasing ability to manipulate objects and other things around. Having parents or caregivers is necessary to guide and keep the child from actions that are too exerting and could cause pain. But, to be encouraged are those actions that promote initiative. This stage is initiative versus guilt. The successful resolution of this stage is the ability of the child to find purpose and direction and initiate his/her own activities while the opposite applies to the unsuccessful resolution of this stage, which makes the child feel guilty.
4. From age five to eleven, the psychosocial crisis is industry versus inferiority. The child has now moved from doing something for doing sake. The things he does must be valued by the parents and people around him. The solution is marked by significant social relationship *in the neighborhood and school, which result into successful demonstration of competence in intellectual, social and physical skills.*
5. From twelve to twenty years is the period of rapid physical changes that puberty brings. The body does not only grow bigger but also changes what the adolescent cannot understand about his own body in such a way that he may become confused by trying to find out who he truly is. The crisis of this stage is developing feelings of identity

versus role confusion. The successful resolution of this stage is shown when the adolescent is able to tell who he is with commitment to a cause. This could be seen from the adolescent's significant social relationships in the neighborhood and school as well as a successful outcome of competence in intellectual, social and physical skills.

6. From the early adulthood through mid-twenties is marked by either intimacy or isolation. The solution is shown in having partners in friendship and sex as well as the ability to compete and cooperate with individuals.
7. From middle adulthood through the sixties, the crisis is generativity versus stagnation with significant social relationship of divided labour and shared household chores, which results in being concerned for family, society and future generations.
8. From old age (after sixty years), the psychosocial crisis is integrity versus despair with significant social relationship of service to humanity which results in a sense of fulfilment and satisfaction with life and the ability to face death with boldness (Weiten and Lloyd, 1997, pp 338).

As indicated above, Erikson (1963) proposed these eight stages of personality development across man's lifespan. Therefore, the adolescence period was viewed as a very important one in life which must be successfully resolved because it is the primary challenge of an adolescent to have a definite idea of his/her identity, which includes battling with many questions such as 'Who am I?' 'What do I stand for?' 'What kind of work do I want to engage in?' 'Who am I going to marry?' It is after resolving these that identity formation takes place otherwise identity diffusion would occur.

Therefore, identity is the ability of an individual to have a relatively clear and consistent sense of who he/she is and what he/she stands for. This could be in form of multiplicity of thoughts and feelings about various daily activities. The kind of 'self' that one is familiar with throughout one's life is the same 'self' that conforms to other people's perception of oneself. This is why Erikson (1963) viewed identity as the product of

both self-perception and societal perception of a person. However, Marcia (1976) went further from Erikson by emphasising parental expectation as a moderating factor. Marcia gave three foundations of identity as follows:

1. The sense of identity's outcome of one's own and parent's expectation developing into a relatively congruent sense of self.
2. Having identity signifies that the perception of self as an 'ongoing entity' which constitutes one's past, present and future.
3. An individual's choice of 'career, personal values and ideology of belief is a reflection of his unique identity'.

Marcia (1976) believed that all these three forms laid the foundation for identity while Erikson believed in just two, the perceived self and societal view as well as two types of identity: identity versus identity diffusion. Marcia (1976) built on the above-stated Erickson's two types of identity to make up four types of identity formations, which are known as identity statuses, or modes of resolution. These four were identified from Erickson's theory as follows:

1. Identity diffusion
2. Identity foreclosure
3. Identity moratorium
4. Identity achievement.

Those four statuses are the means by which an adolescent gets committed to his life goals by investing on all he can master into it and facing all crises emanating from the commitment. According to Santirock (2002), crisis is, "a period of identity development during which the adolescent is choosing among meaningful alternatives." Many experts on adolescence prefer to use the concept of exploration instead of crisis. The four statuses could be explained as follows:

1. Identity diffusion is when adolescents have not experienced crisis in the face of other alternative choices they face in life. It could also be that they are not committed to any of the meaningful alternatives because they are not interested or they will but could not yet make a choice of career, ideologies or beliefs.

2. Identity foreclosure relates to those who have commitment to their choices but have not experienced crisis. They have not experienced different occupations or ideologies. This usually happens when parents pass down their values and occupations to their children.
3. Identity moratorium occurs when adolescents are in the middle of a crisis and have commitment or when they have and it is not well defined.
4. Identity achievement is when adolescents have resolved crisis on the way and have made commitment.

SOCIETAL EXPECTATION

There is gender role intensification during adolescence because of the changes in the physical body that signify both physical and sexual maturation. These changes create alterations in self-perception and perception of people around and the expectation of various roles. There are various social expectations attached to the appearance of an adolescent regardless of his/her age at that period. Many studies, such as the findings of Simmons and Blyth (1987), confirm this view. For instance, if males were functioning well in chosen careers, they must be independent from their parent. Commitment to occupation and ideologies are peculiar to that period. This usually must be done during adolescence and young adulthood. On the other hand, pressures are put on adolescent females during this period in order to make them do away with habits acceptable during childhood.

During the adolescence period, dating and social skills are the most focused by majority of females. They are encouraged by people around them as well. This is heterosexuality and its success is most focused, that is, the ability of the adolescent to attract the interest of the opposite sex. It is necessary for them to master such social skills. Therefore, they have to engage in this until they have successfully attracted their opposite sex. This social skill promotes the adolescent's interest in activating her body image in order to achieve heterosexual success. As a result of this, there is

distraction of energy from career choosing and commitment (Llyod, 1985; Dauvan and Adelson, 1961; March, 1980, 1991).

Sometimes, too much focus on heterosexual success might delay the development of an independent sense of identity because the society expects 'a woman to build her identity around her roles as wife and mother rather than around a career.' Also, females must wait for males to initiate their desire first before the females' response. Therefore, the female cannot take initiative by herself. That is, "she must be chosen as a mate, not do the choosing.' These allow gender roles expectation to delay identity achievement until adult roles are reached. Culture creates inequalities between femininity and achievement, which 'causes psychological conflicts for both adolescents and adult female' (Hyde, 1996; Lloyd, 1985; Holland and Eisenhart, 1990; Brooks-Gunn and Reiter, 1990; Morgan and Farber, 1982).

Furthermore, the behavioural effects of the physical changes described cause and increase sensitivity and interest in the opposite sex and an increase in sex drive in both boys and girls. As a result of these changes, there is evidence of intense love affairs which have profound effects on the academic performance and on the emotional welfare of these adolescents. The conflict between their sex drive and societal norms is especially intense. This is why a suitable coping skill must be provided for them. Also, societal expectations at this period are enormous and failure to meet those expectations creates problems for adolescents. For instance, parents, other family members and significant persons, neighbours and society at large would like them to achieve some emotional independence by behaving like adults because of the sudden appreciation in physical size for early-matured boys and girls. This may be very difficult, if the adolescent is not mentally matured but has only grown physically. Late-matured ones would not be able to meet the societal expectations of their peer group because of their small sizes. This could create problems as mentioned earlier on. There are also societal expectations in the selection and preparation for occupations and failure to meet, creates problems for them.

Preparation for marriage and family life are very important in African culture. If after a certain age, which is the period of adolescence, there is no steady person for dating or marriage, it usually creates problems because of the societal expectations attached to it. There are other social responsibilities, conformity to the moral and ethical codes on societal issues expected of adolescents who must live up to those expectations. These sometimes constitute problems for them.

Adolescent suicide is another problem that should not be ignored as its rate has risen worldwide. Santrock (2002) noted that suicide among 15 to 24 years old increase by more than 154% between 1960 and 1990 in the USA while Garland and Zigler (1993) posited that adolescent suicide rate is a ratio of 50:1 compared with adult rate of 200:1.

Furthermore, suicide attempts by adolescents seem to be a 'communicative gesture designed to elicit caring,' that is, many adolescents try to communicate their desperate cry for attention, help and support through suicide attempts. Studies have shown that, 'the typical suicidal adolescent has a long history of stress and personal problems extending back into childhood.' It is noteworthy also that other problems such as conflicts with parents, divorce or separation, difficulties in school or work, problems with dating, problem with boyfriends and girlfriends may gear up those previous ones from childhood. While struggling with these problems, lack of resolution may sometimes make them to rebel against parental or school authorities and may sometimes withdraw from social relationship. In some cases, they could run away. All these could lead to 'progressive social isolation'. When an individual feels socially isolated with many accumulated problems, any trivial problem such as poor academic achievement, not getting permission to go somewhere or buy something special may precipitate suicidal intention. Adolescent suicide is a great social tragedy, which requires attention from parents, school authorities, counsellors and other relevant stakeholders.

LOGOTHERAPY PERSPECTIVES

The rapid growth of modern technology and globalisation have provided more opportunities than ever before. Therefore, increasing choices for self-fulfilment and utilisation of human potentials is a great new alternative to living. However, it could also accelerate more stress because sometimes it is not easy to choose the best from available alternatives.

Studies have shown how difficult the freedom to explore and create is. It is even known to be exciting or could require self-assurance and self-understanding. Therefore, the complexity of the world has made decision-making more tasking for mature adolescents and early adults. An important estimation of life fulfilment is how one is able to choose a career, be committed to the right ideology and live a productive and satisfying life.

Today, things are not the same as they were in the past. Existential crisis or meaninglessness of life is the predominant factor affecting individuals either directly or indirectly all over the world. Kroon (1997) demonstrated this view by pointing out the rise from one per cent to five per cent of world population of major depression cases in the last fifty years. Also, there is an increment of three to six folds of violence and deviant behaviours among the six hundred children sampled. In addition to this, three out of five marriages studied ended in divorce and resulted in distressed children. Africans are not left out of these social menaces because of many changes they underwent through slavery, colonisation and short-lived democratic governments. In the last decade of the 20th century, social transformations from both political and economic crises made the people of Nigeria to be hopeless and helpless in facing daily life situations, such as constant fuel crisis and high cost of living. All these problems are further confirmed by Andah (1982) that:

in many ways, African societies are still at a rudimentary level beset with problems of poverty and malnutrition, disease and spiritual confusion and disorientation. In the case of Nigeria, these problems are further complicated by inter-ethnic strife and conflicts and all that such strife bring with it.

Also Ogunsanya (1998) posited that Nigerian students have the highest rate of violence all over the world.

Generally, there have been tremendous changes in the social structure all over the world but Nigeria has the greatest share because it has a history of people with 'members of a fixed kinship or ethnic group'. There is no longer a sense of collective responsibility but individualism. Moral value, which used to bring people together has disappeared. As a result, there is nothing to leave behind for the next generation to emulate.

The problem is not only affecting adolescents in the secondary school but also in the university. For instance, Ogunsanya (1998) highlighted the problems faced by the University of Ibadan students with data and table presentations of the number of frequency of misconduct and maladaptive behaviours from 1992 to 1998, which Asagba (2002) extended to the year 2000 (Asagba, 2006, 2007).

Other researchers gave similar reports on the antisocial behaviour in their studies such as examination malpractices (Sokale, 1981; Hasan, 1987), accommodation racketeering (Awe, 2001), religious intolerance (Ademulika, 1999), violent demonstration (Biaghere, 1989; Sandra, 1992; Olorode, 1999), cultism (Runsewe, 1997; Makeri, 1997; Danmaida, 1998; and Akani, 1997, 1991), the use and abuse of psychoactive and psychotropic substances (Okonofua, 1977; Anumonye, 1989; Nevadomsky, 1981; Fabiyi, 1984; Pela, 1989; Asagba and Talabi, 2001).

The above antisocial behaviours are characteristic of existential vacuum, frustration and neurosis as described by Frankl (1988), Fabry (2000) and Lukas (1996/97). According to Fabry (2000), the dilemma of today's society could be condensed into a sentence: "we are at the beginning of an unprecedented shift from a vertical to a horizontal society." That is, 'from the time our ancestors ate mastodon meat, we received our guidelines for living from above: from gods, secular rulers, priests, teachers, the tribe elders, the top of society. A vertical society.'

Gone are those days when we had to follow strictly the Ten Commandments as directed by God. We are now to 'follow the tens of

thousands of commandments life gives us in tens of thousands of moments of our existence.'

Fabry (2000) made us realise that it is proper to follow the guidelines from above but it is reasonable to listen to our conscience whether to follow the guidelines or adjust them to suit the present situation. The whole world is turning gradually horizontal, and we could expect the same result in our behaviour because the change from vertical to horizontal also affects the way we perceive ourselves and other people around us. These changes do not appear only in developed countries but also in developing countries where we were for many years under the control of many different gods in Africa. After missionaries had liberated majority of us into Islam, Christianity and other religions, instead of following strictly the manifesto of each religion, most of us only shout God outside but we are very egoistic inside. No wonder, with many new churches and mosques springing up in every corner of the countries in Africa, majority of us do not practice what we preach. Some side effects of such behaviour are alienation, anxiety and emptiness which result in violence, addiction and suicide as it is happening to students these days.

Youths are not spared from these social menaces as written earlier. According to Fabry (2000, 1996/97), the youth is the time for continuous search for meaning, but conflict between the present generation and older ones has disrupted the search for meaning among the youths. There is a lack of communication between the two generations. Therefore, there is a sense of resignation on both sides. The three reasons for this as given by Lukas (1996/97) are:

1. Early maturity and prolonged adolescence
2. Subculture versus family
3. Shrinking of conscience and basic trust.

Early maturity and prolonged adolescence according to Lukas (1996/97) occurs because the period of childhood is not as long as those of our parents' time. Adolescence period starts earlier whereas the duration was longer in the 1950s and 60s when adolescence was a short period. This is

not only in western countries but also in Nigeria because of westernisation. We are now finding the adolescence stage to be a long period of crisis with sexual immaturity. The fact that they see themselves as neither children nor adults makes them confused sometimes when facing different life demands.

Furthermore, Lukas posited that children were made to play alone and are bombarded with different toys or exposed to media without adult supervision, and because parents have no time to stay with them. They are left alone to make decisions on their own on many issues. Therefore, they have to create and imagine things on their own without parental influence. This has helped them to move fast from childhood to premature adulthood. For instance, children of eleven to twelve years are exposed to smoking on the television or internet even if their parents do not smoking. Also, sex education backed with no moral, religious or ethical values are daily watched on the television or the internet. All these and other external influences enable them to move fast with time without life goals. What we notice now is that majority of early maturers stay unfulfilled because they assume adult roles without enough time to prepare for it.

Lukas (1996/97) noted also that as human beings are made up of body/somatic, psychological and spiritual dimensions, each dimension development is related to each other. For instance, psychological or somatic dimension must first reach maturity stage in life before maturation of physiological parts followed by maturity of the spiritual part. Despite the fact that the entire three dimensions develop simultaneously, what is observed today is that youths grow into physical maturity earlier than in those days. This gears up the development of the psychological dimensions early with youths being unable to handle it maturely. Lukas gives an example: "A 12-year-old cannot emotionally deal with advanced sexual experience or a 13-year-old with continual conflicts in the family." As a result of early maturity, their psychological development is very slow to mature, or in some cases, they do not mature at all. This affects the maturation of the spiritual part and delays the period of adolescence. As a

result of this delay, such youths cannot be independent and take charge of their lives without other people's influence.

Parental influence is now reduced in Nigeria. Most parents are preoccupied with their careers and businesses in order to survive the current economic hardship. As a result, parental influence is reduced while peer influence has increased. Majority of adolescents prefer to go to their peers for counselling while they only go to parents for financial purposes. Therefore, there is a gap in their communication, which increases family conflicts. This has made them even closer to their peer groups. What we see is that there is disruption of value transmission from one generation to another because parents no longer play their roles as role models. Thus, many adolescents rely on the peer group as their role models.

The problem with the youths is that they cannot conveniently receive enough counselling from their peer groups. As a result,

the young must go through either bitter experiences which they might be spared, or they can obtain those meaningful values which generation, through labour, thinking and learning, have recognised as reliable and useful. The painful self-experiences of the young raise anxiety about the future while their parents' inability to pass on anything raises their anxiety and both lead to resignation.

This 'resignation' of the youths and parents, according to Lukas, makes most of the parents powerless thus they no longer trust their children because of their lack of influence on them. They consciously or unconsciously have given the youths freedom in order to resolve their own conflicts. This further widens the 'gap of silence' between parents and children. While most parents are willing to put them through, the youths have enough counselling and discussion from their peer groups. They, therefore, are not ready to patiently listen to their parents. Further, Lukas (1996/7) explained the term 'ironic side effect' that the shifting role has when youths are allowed to make their own decisions because parents are no longer the role models. Youths would point accusing fingers at the society instead of the parents for their failures. These are the reasons for many acts of violence in the tertiary institutions.

The shrinking of conscience and basic trust on the part of parents' interactions with the children are the third explanation of Lukas (1996/7) as factors contributing to the youths' maladaptive behaviours. Today, parents perceive that provision of instant need gratification for their children would replace fulfilment, which is more than just the need for gratification. That is, most children are given expensive things whenever they ask for them, whether they really need them or not. They grow up to develop instant need gratification. As they grow older, they discover that not all needs could be met instantly and they learn, by force, that some needs have to wait for some time while other needs may not be met. Such youths who are used to having all their needs met instantly would fail to adjust in adverse situations. Because they would lack the trust that a difficult life can become a successful life, they will fail to have the insight that meaning can be found in situations of despair and suffering. Youths who are spiritually well-matured would not have problems adjusting to despair and suffering situations because they have learned to wait for the need to be met sometimes.

According to Fabry (2000), 'humans are beings in search of meaning or logos', traditionally translated as 'the word of God'. By translating 'logos' as 'meaning', 'horizontal interpretation' was given by Frankl, as Fabry (2000) has indicated. Meaning exists always as long as life exists. There are three axioms of logotherapy by Fabry which were formulated from Frankl's concept of logotherapy as follows:

1. Life has meaning, under all circumstances to the last breath.
2. We all have an innate 'will to meaning', our strongest motivation for living and acting. This is the urge to become part of the whole and connect with thread to manufacture into the fabric of life, which could be through nature or science that could be in a vertical or horizontal movement.
3. We have the freedom to find meaning under all circumstances.

Majority of modern societal dilemma is caused by the third axiom stated above because freedom is being taken for granted by people doing

what they like as a result of their feeling of freedom. This is misleading. According to Frankl (1967) and Fabry (1987), freedom is not without limit; it must be used with responsibility. Freedom means that we are free to find meaning by ourselves not to give ourselves meaning. For instance, meaning can be found in our relationship with other people around us in the family, neighbourhood church or mosque and the nation as a whole, which could be extended globally throughout our lifespan. We experience meaning from situation to situation, we must respond to situations in life. That means, 'freedom means we are able to respond to the meaning of the moment, to be responsible. In developed countries, more high technologies have been discovered in various dimensions but many are not fulfilled despite those achievements. For instance, 'we now have enough to live on, but we do not know what to live for. Because we avoid the responsibility from the above that tells us what is right, we fail to listen to our conscience to tell us what is right or wrong. We think freedom means doing what we like, which is not. As a result, people do not consider others as members of the family. While parents are busy making money, children are left alone to make decisions by themselves. Therefore, children and youths follow what their peer groups dictate to them without considering family values.

Logotherapy theory indicates that success does not always equate with meaning as well as failure with despair. Generally, life entails both successes and failures such as winning fortunes, wealth, health, life achievements and favourable living conditions. It also entails the opposite such as losses, poverty, ill health, lack of achievement and unfavourable living conditions. In these times, people are suffering from existential frustration, which is common among the rich people because they have material resources but are neither happy nor fulfilled.

Studies have also revealed that statistically, 20% of people are suffering from existential vacuum. Frankl noted this among the youths who are known to be searching for identity. They are more affected than older people who have something to look at; youths have not found any yet

and they are still searching for meaning. Affluent youths are not spared existential frustration as confirmed by many studies.

People erroneously believe that meaninglessness is commonly found among the poor people, which is not true. It is also found among the affluent adolescents. They are not spared from existential frustration – 'inner meaning fulfilment' is relatively independent of external circumstance because it can be achieved even in terrible situations. Many successes like having material resources and other types of riches could work against the search for meaning. It is no wonder that in the period of prosperity, there is a higher incidence of suicide, drug addiction and other social ills such as compulsive behaviours in literature.

Logotherapy's solutions to all the stated problems require the efforts of parents, teachers, counsellors and schools or other relevant authorities, to really understand the plights of the youths from physiological, psychological and spiritual points of view and shift from vertical to horizontal approach – the one that indicates that children are not to be heard in the presence of adults or elders – to the horizontal ones where both the children and adults/elders work in partnership and discuss with one another in order to share a common goal.

As written earlier, logotherapy is based on three foundations or concepts, namely – the belief in the meaning of life, the will to find the meaning and the freedom to search for the meaning. Logotherapy sees man as a free being that is always free to make choices about his/her actions, attitude, career and experiences. Therefore, freedom without responsibility is not morally acceptable because of those side effects. It entails what logotherapy offers to prevent. With the use of education, logotherapy theory helps the educational system from the vertical orientation to horizontal where teachers or parents and children or students work together by sharing common values and relate with each other at personal level. For instance, the use of:

Socratic method helps bring teachers from above to the levels of the students and by sharing facts and information with the students instead of from above to below. As a result, students are helped to

become aware of their own potentials, their own skills and insights deep within themselves.

Frankl (1988), Fabry (2000) and Lukas (96/97) bring us to the understanding that man has potentials with resources that teacher-students' relationship helps to tap from within. From this way, meaning can be transmitted from the teachers to students horizontally. Teachers have to live by example for meaning to be transformed because money cannot be given to the students. Generally, we are all teachers as well as life-long students who have to use Frankl and other logotherapists as all the subject requirements on which all three foundations or concepts of logotherapy are based. That is, meaning comes from having a task to fulfill, a person to love, a cause to support and a responsibility to meet. Therefore, logotherapy advocates the need for personal responsibility in every day life. That is why it is an effective form of therapy in helping young people. It helps them to discover meaning and value in their lives.

Apart from the above-stated avenues of finding meaning, there are five applications to finding meaning, which are self-discovery, choice, uniqueness, responsibility and self-transcendence (Frankl, 1967/1986; Fabry, 1987; Lukas 1984 and Erzen, 1989) which make the youth to be aware of himself or herself. This is self-discovery. It is when they know who they are that they know they are valued. Whoever the kind of person they are, they are made to realise those things that are good in them.

The most important way to treat the young ones is to treat them as real persons, that is, to see them as a whole. In the Nigerian culture, the children or youths are not to be heard, especially when adults are speaking. The children are to be quiet and must follow what adults say without any input. Many youths are ignored and left to learn many things in life by themselves. For instance, it could easily be counted how many times per day a parent speaks with or have useful conversation with a youth at home. We must communicate with them and make them feel that we find them useful and worthy persons. Making efforts to discover their interest will help them to discover their potentials. This could help them to self-discover themselves, which will help them move from despair or

unhappiness to hope for the future. Most of the time, for no apparent reason, youths may be confused and may not know who they are. They must be given opportunities to know that they have choices to make regardless of their past or present conditions.

Choice is another important way to help the youth make a meaningful choice after they have discovered themselves and seen the many choices or possibilities, that is, the potential they have but which they are not conscious of. Many youths do not know that they have choices. Some are bored with routine academic work in the school or university or the teachers'/lecturers' behaviours or lectures, or the school/university rules and regulations. Whatever the situations they face, they must know or it must be made known to them that they always have choices.

In addition to choices, they have to know or be made to know that they are unique beings who must find out the uniqueness in them, that is, what makes people different from one another so that they can find meaning in their uniqueness. This is also true in their relationship with people. The ways they respond to people around have to be meaningful. Meaning is also derived from responsibility.

Generally, most people perceive young persons as egocentric and not willing to show concern for others. Parents, teachers and counsellors or other relevant authorities have to understand them as they are and know that they may not be certain on how to respond to the meaning of the situation they find themselves because of lack of role models of ethical or moral behaviour. When we come to their level and give them the opportunity to choose 'responsibly', they tend to make meaningful choices.

After the young person has discovered himself or herself in terms of potential with many possibilities or alternatives, making meaningful choice enables him/her to know his/her uniqueness in terms of relationship with others or talents or experiences that others do not have. The uniqueness could be tapped from in order to help others. These are life responses, which are the products of the choice they make whenever people respond to the demands of life in any situation.

Therefore, we learn to make choices out of many alternatives or possibilities. Our choices must serve life and result in growth and development. Frankl called it self-transcendence, that is, going beyond one's own self interest for the sake of other people. Self-transcendence is a way of finding meaning in life. It is the ability to go beyond oneself to help or love other persons or to commit oneself to a cause.

Frankl understood self-transcendence as the fundamental fact of being human, which means always beyond oneself towards something that is not oneself but something or someone, a meaning to fulfill or another human being to love in an encounter. The extent to which we see beyond ourselves or forget ourselves determine what we are now or will become which is the true self. It is not the same with the self-actualisation theory because self-actualisation can only be possible through self-transcendence. Frankl made us realise that people who seek self-actualisation directly do not achieve it. According to Maslow, self-actualisation can be achieved through commitment to an important job. 'This descriptive fact can be called the fulfilment of meaning or self-transcendence.' Therefore, Ernzen (1989) noted that:

logotherapy helps young people shift from defeat to opportunity for growth. It helps them become acquainted with their own inner resources and exercise them in constructive ways. It also helps them see possibilities for self-transcendence and service to others. In logotherapy, there is a deep human exchange at a spiritual level where we experience each other as persons. The healing relationship is the way to growth and change.

Parents, teachers and other relevant stakeholders should really find time for the young ones. We shall enjoy them as companions and friends or in any role we can relate to them.

Ernzen (1989) further reminds us of what Lukas (1984, 1986) wrote about logotherapy:

It is more than a method. It is a healthy way of living that can be used in therapy if it is actually lived by the therapist, then, with the help of the therapist by the patient. Which means if you do not live

logotherapy, you cannot use it in healing. Living the principles of logotherapy means offering parts of yourself so that a part of another person can live a healthier life.

It is a considered view that all should learn from this experience of Lukas and Erzen to help the young ones.

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Logotherapy and Leadership in Africa

INTRODUCTION

The works of two great minds are reviewed and analysed in this chapter. The two great thinkers are: Akinjide (2001) and Babalola (2001) on African leadership. This is done from logotherapeutic perspectives. In achieving this goal, the author stands with the former great thinkers who discussed a brief history of Nigeria which is also much of her interest. It was probably a familiar subject in her primary or secondary school days or due to her curiosity of wanting to know more of her African culture which helped her personal experience in the 38 years of travelling to countries such as Italy, Austria, London and the USA.

The author was enthralled with the first booklet titled, *Are the African Leaders Caught in a Dilemma of Contradiction of both Cultural and Western Expectations of Leadership?* (Akinjide, 2001). She was carried away in such manner that she could not leave it until she finished the paper with tears in her eyes. She quickly agreed with a capital YES, that African leaders are caught in contradiction and dilemma. She concluded by saying that, "Although, I am still proud to be an African woman, but there is the shame when the voice of conscience overpowers me."

As the author was trying to find solutions to the dilemma, she found another booklet titled, *Leadership and Good Governance* (2002). The second great thinker's lecture gave me the courage to think of the way forward for Nigeria. "Should we," according to Babalola (2002), "fold our hands and watch as our unemployed youths and many of our most brilliant experts in different fields emigrate?" What future lies for Nigeria? This quest is

so that we can learn from our past, examine our conscience, plan and work together, preparing Africa for a better tomorrow. There would not be much development at the rate we are going unless we all do something right now to correct this situation in Africa, especially Nigeria.

Akinjide (2002) had begun his paper on how Africa, though very rich a continent, is not developed. Its geographical location should have enabled us to be closer to Europe than other continents. Rather, it is very far in all aspects of development. This could be noted by quoting from his paper that, "Africa is the richest in natural resources, yet it is the least developed. Africa is so near, yet it is so far away from Europe." There is the need to assess these statements carefully by going through history and looking at our past mistakes in order to help us plan for the future. The past we cannot change, but the present and future should be the concern of every African.

The author suggests that we should all read Akinjide's (2001) lecture so that our memories can be refreshed. It seems that Nigerians are very amnesiac, easily forgetting things of the past. Akinjide (2002) cited the Oxford professor, Prof. Allan Bullock's lecture on "Europe Since Hitler" which was published in *International Affairs*, Vol. 47, January 1971 as follows:

In 1900, Europe stood at the height of her power and prestige. Geographically insignificant, the smallest but one of the seven continents, she enjoyed a primacy which has lasted so long that most Europeans simply assumed it would continue indefinitely. Only two nations outside Europe enjoyed real independence, the American and Japanese. The rest of the world was either parcelled out between the rival European empires or under the rule of governments too feeble or corrupt (or both) to withstand the European political pressure or economic penetration.

This kind of mindset or the diplomacy of the British helped them to rule Africa till date. They, at first, divided Nigeria into three protectorates or regions which according to Akinjide (2001) were as follows:

1. The Niger Coast Protectorate controlled by the foreign office.

This is the present day Southern Nigeria minus Lagos.

2. The Niger Territories controlled by the Royal Niger Company.

This is the present day Northern Nigeria.

3. The Lagos crown colony under the Colonial office. This is the Lagos state of today.

As stated above, Nigeria was under different control of the British authorities. For instance, Lord Lugard, the governor of the two protectorates – the Northern and Southern Nigeria – added to the peculiar problem with the diversity of languages and culture. This, coupled with the divide and rule strategies which British used in Nigeria, enabled them to rule Nigeria that time. It left the scars of distrust and fear with suspicion of one another which helped them succeed in ruling Africa till date.

Ojukwu, as cited by Akinjide (2001), had confirmed the dilemma of Africa's leaders as follows:

I have stated that we live in a country in search of a common character. The absence of the common character is at the base of our problems as a nation. When the British arrived in Nigeria, they met and dealt separately with the various communities that now form the Republic of Nigeria. These communities, though aware of the existence of one another, each developed its own civilisation independently and retained absolute autonomy in all spheres of human activity. When the colonial authority decided to fight and later conquered the native population, the communities were dealt with piecemeal. In the various military actions undertaken by the imperialists, they benefited very often from alliances concluded with some communities against the other. When the colonial authorities decided to consolidate their gains and later amalgamate the administration of the entire area, they did not attempt to amalgamate the communities.

The British supremacy in thinking and practice had been proven beyond doubt and has as well been reflected in Bullock's 1971 lecture as quoted by Akinjide (2001), and the citation of Chamberlain's (1904) lecture at which Akinjide himself was one of the guests where Chamberlain arrogantly stated that:

We hold our positions (overseas) by being the dominant race, and if we submit to Equality with the inferior races, we shall lose the power which gave us dominance.

Apart from these questions, enough evidence had been documented by Akinjide (2001). For instance, the functions of the UN's World Bank and the International Monetary Fund (IMF) had clearly proven beyond doubt that they misled African leaders in order to prove their dominance or supremacy over the African people. As a result of this belief, Bretton Woods Institution officials were reported to have agreed and then regretted the misleading in the prescription of the economic strategies they had advised us to undertake. This, Akinjide (2001) believed, was done intentionally to make us not develop along with them but to remain inferior to them for ever.

Therefore, Akinjide (2001) gave some instances such as the Ghana case study where the Ghanaian government was advised to sell their gold, thus making her economy collapse. The same wrong advice was given to Nigeria's government on borrowing money from the Paris Club which led to the present huge debt that increased the pains and poverty of the average Nigerian despite the oil boom of the 60's and the early 70's. Nigeria would have been moving towards a high global economic rate.

Nigerians were said to be well organised and hardworking people with various trades and businesses along the trade routes before the slave trade. All these took place before the advent of British colonisation. Africans were aware of each others' existence and developed their pace independently by minding their own businesses and affairs without interference. Evidence by Akinjide (2002) showed that:

they met well-settled local administrations, in some cases with local military power strong enough to challenge the Europeans, such as in Sudan, South Africa, the Yoruba country, the Sokoto caliphate, Borno, the Benin empire, Mali, etc. In fact, it was the wealth of these nations that attracted the Europeans to scramble for Africa. The triangular trade was so profitable that areas of influence were developed into Protectorates and Colonies.

The above stated views by Akinjide and his revision of the citation from the book on Africa and the development of international law by Elias gave me a lot of relief. It made me know that Africa was met in such a condition that shows that it was not backward or stupid as it was previously thought to be.

Also, according to Akinjide (2001), Captain Pinto wrote this about Nigeria, describing what he observed as follows:

according to the testimony of this captain, Great Benin where the king resides, is larger than Lisbon, all the streets run straight as far as the eye can see. The houses are large, especially that of the king which is richly decorated and has fine columns. The city is wealthy and industrious. It is so well governed that theft is unknown and the people live in such security that they have no doors to their houses.

The artisans have their places carefully allocated in the squares which are divided up in such a manner that in one square he counted altogether one hundred and twenty goldsmith workshops all working continuously. Lourenco Pinto apparently mistook the brass workers of Benin as goldsmiths. It would seem, that the civil war at the time of the Pinto's writing brought about the devastation which was everywhere apparent by 1700.

The first British ship reached the Benin River in 1553, while the Dutch began their trade forty years later. The trade was at first mainly in cloth, palm oil, cowries and other beads and ivory. By the middle of the seventeenth century, articles of indigenous manufacture including clothes, began to play a significant role in Benin's dealings with the European traders. The English, the Portuguese and the Dutch alike, "bought them in thousands for resale on other parts of the African coast." Factories were sited on the main Benin river, as trading became more and more sophisticated. Indeed, alliances were formed to prevent piracy, smuggling and illegal trading on the Benin river.

Confirmation was also made by the great Roman author, Pliny, who was cited by Akinjide as having said "*Ex Africa semper aliquid novi*," which means, "There is always something new out of Africa."

In terms of leadership and good governance in Africa, some seven great leaders were cited as follows by Akinjide (2001):

The great African kings like Mansa Musa and Askia the Great had international reputation because of their enormous wealth and power. Lady Luggard in her book, *A Tropical Dependency* on pp 76-77 described the exchange of gifts and embassy between Morocco and Mali. In 1400, the kingdom of the king of Benin had replaced elective succession with primogeniture. The king of Portugal thought that his friend, the king of the Congo, was at the apex of an autocratic hierarchy like his own set up.

All the evidence stated above should have convinced the British people and ourselves that we are capable of leading and directing our destiny. The problem does not only lie with the British labelling of, or their mindset about Africans. It is also found in the notion of fear of African successes which Chamberlain (1904) demonstrated in his lecture that if Africans were given the same rights and opportunities, the whites would lose their dominance and superiority over black people. These views, raised by racists, should have been challenged right from the independence period, but it is not too late. We should all now work together towards improving ourselves and prove to the whole world that Africans are capable and have potentials to transform the African continent into an enviable position in the world. As Akinjide (2001) pointed out, I think our 'original sin' was the exchanging of our languages for a second language and the changing of our native names to foreign names till date.

The second mistake happened after the independence period. The Africans who were made the new leaders did not restructure the organisation to suit the African culture instead they 'took over from the European powers, carried on as if they were Europeans by stepping into the European shoes. These new leaders behaved like new colonial masters – that was the false start. The new African leaders found the European powers and privileges they inherited at independence delicious. They believed that if they lived and behaved like the Europeans, then Africa would not be called 'a dark continent'.

The vituperative tirade 'dark continent' was a 'throw away' to justify colonisation and economic exploitation. African history was documented

by the Europeans themselves and was imposed immediately after the slave trade which lasted for centuries. This was so that they could be justified in presenting Africa to the world as a dark continent needing help from Europeans.

The above stated deeds have been done and gone with the past. Now, we need to ask ourselves which way forward. If we were all right in our environment before civilisation, how come we were used as slaves to enhance their economic power and supremacy and suddenly became victims they then had to 'protect' through colonisation? The question in our present generation is, 'what is the way forward?' 'What kind of Nigerian policy can we put in place to correct these past mistakes?' As Akinjide (2001) ended his inspiring lecture:

But who can rescue us? No one except ourselves alone. Others can only assist. The primary responsibility rests within us. There are several areas of clash of interests. Therefore, the answer to the question of the lecture is yes.

The author agrees with Akinjide's (2001) answer but wants all Africans to realise that it is not only the African leaders but all of us, who now have to sit at the table and discuss the way forward.

Now is the time we have to address many issues that Akinjide (2001) raised. In addressing them, we need to discuss the issues raised by the second great thinker of our time, Babalola (2001) on 'leadership and good governance'. Babalola defined leadership as:

that character that induces, coerces or by some means, makes an agent with a free mind of its own to submit voluntarily or otherwise to the leads, dictates, whims or reasoning of another agent with a view towards arriving at an objective known as unknown (governance on the other hand concerns that aspect of administration relating to a common society or community towards realising common goals in an orderly fashion.

After going through the two definitions and some examples, Babalola (2001) found some good leaders in Africa such as Dr Kwame Nkrumah, Ahmed Ben Bella, Dr. Julius Nyerere, Dr. Kenneth Kaunda, Dr. Nnamdi Azikiwe, Chief Obafemi Awolowo, Félix Houphouët-Boigny, Nelson Mandela, Oliver Tambo, Walter Sisulu and Sam Nujoma. He made us realise that even:

in pre-colonial Nigeria, the leadership of the communities was in the hands of the traditional rulers and the chiefs in council. These were invariably the elders in the society and their wealth of experience was put to the service of their communities.

This, Akinjide (2001) confirms by citing Lourenco Pinto's description of great Benin cited earlier on.

Today, leadership is based on social contract with the Constitution of the Federal Republic of Nigeria of 1999 which Babalola cited:

Section 14 (2) of the 1999 Constitution of the Federal Republic of Nigeria provides as follows:

It is hereby accordingly declared that –

- (a) Sovereignty belongs to the people of Nigeria from all whom government through this constitution derives all its powers and authority;
- (b) The security and welfare of the people shall be the primary purpose of government.

This means, as we all rightly agree with Babalola (2001), that it is only good leadership that can bring about good governance which in turn would bring about national growth and development. There is also a part for all the citizenry in Nigeria to play, whether such individual citizens fall into the 'leadership' or 'fellowship' group in our country. This is contained in Chapter II of the 1999 Constitution spanning sections 13 – 24. The major points are as follows:

- (i) Political objectives
- (ii) Economic objectives
- (iii) Social objectives
- (iv) Educational objectives
- (v) Foreign policy objectives

- (vi) Environmental objectives
- (vii) Directives on Nigerian culture
- (viii) National ethics; and
- (ix) Duties of the citizen.

Therefore, it is the responsibility of every citizen of Nigeria to partake and follow all these eight major points. These should be everyone's guidelines which are to be learned right from the primary schools to the university level. In other words, with all that Babalola viewed as 'attributes or features of good leadership' and the experience with great world leaders, indicates that, 'good leadership is characterised by the following amongst others: wisdom, learning, charisma, vision, courage, integrity, honesty, probity of character, transparency and accountability.' All these leadership characteristics should be ingrained in the constitution as part of the Nigerian culture for every citizen.

There is no reason why all the citizens should not be conversant with the Nigerian constitution, especially sections 13 and 14 discussed above. Most of all, those leadership characteristics should be part of the Nigerian culture as earlier mentioned. What we see in practice in Nigeria is what Babalola (2001) pointed out to be the usual practice of our leaders especially throughout the period of the military regime of Babangida and Abacha which according to him:

is a living testimony of the unmitigated disaster which could befall a nation when its leadership is steeped in visionless, ignorant, avaristic, tyrannical and corrupt leadership. The staggering amount of money looted from the country's treasury as evidenced by government releases further underscores the damage that an irresponsible leadership can inflict on the country and her citizens.

They lack most of the attributes or features of good leadership described by Babalola (2000) already mentioned. Despite the fact that we are blessed with human and material resources, we are still ranked 170th out of 200 nations (*Vanguard* newspaper of September 2000). According to Babalola (2001):

70 per cent of Nigerians survive on an income of less than \$1 (₦100) a day, while 90.8 per cent of the population survive on less than \$2 (₦200) a day. Comparative figures for South African show that 11.5 per cent and 35.8 per cent of that country's population survive on less than \$1 and \$2 respectively.

He, therefore, posited that the country's problems lie with the leadership. This, the author agreed but says that it includes us all and not leadership alone. We all contribute directly or indirectly to the problems (Asagba, 1993 and 1994).

We have been known to be well organised and hardworking people back at the time when Captain Pinto wrote about Nigeria and of recently a Nigerian born leader had proved that right, for instance:

all the laudable achievements in the Western Region under the able and charismatic leadership of Chief Obafemi Awolowo were put in place not with oil money but with revenue generated from the proceeds of agriculture.

Babalola further made us realise that despite the oil revenue we have, we are still caught up with a high poverty level. History has made us realise that majority of leaders have proved to mismanage our economy. As a result, Babalola (2001) cited some cases in Africa such as an African leader:

President Mobutu who murdered the democratically elected president of Congo, Lumumba. His despotic rule for decades left the country worse than he met it. His expensive boat on which he cruised the River Congo was valued at hundreds of millions of dollars. His palatial building in his hometown has no compare. The lavish house in Southern France was maintained by high profile caretakers at a cost of several millions of dollars annually. Whenever he wanted to cut his hair, he employed an American Barber who would be flown specially from USA in Government aircraft and flown back with good pay on each occasion

This is the reason why citizens of Nigeria have to be vigilant of the type of leaders they elect and work together to rebuild Nigeria. The same goes for other Africans.

It is pertinent to make it known that logotherapy concepts and principles are similar to the seven "essential features of good governance" referred to by Babalola (2001) at the Special Wilton Park Conference in 1992 which are as follows:

- (i) It must be democratic in the sense of free and fair elections on a universal suffrage. This is essential but not enough. There must be transparency and accountability.
- (ii) It must respect the rule of law; there must be constitutional checks and balances to prevent misuse of state power; there must be protection for individual human rights and respect for the minorities.
- (iii) The judiciary must be independent.
- (iv) The system must support an economic programme that is growth oriented, inclusive and broad-based.
- (v) Government must withdraw from micro-economic management and leave market forces to stimulate decentralised decision-taking and entrepreneurial initiatives.
- (vi) All citizens must feel involved in the nation's life.
- (vii) The winner-takes-all mentality must be avoided and political adversaries treated as competitors and not as enemies.

The above essential features highlighted on good governance and leadership are very similar to the logotherapeutic principles of leadership. For instance, Asagba (1994) had demonstrated these principles in her article on the pursuit of democracy in Nigeria without the awareness of the above named conference in Babalola's (2001) lecture. Until date, there is still no evidence of the implementation of any of the above highlighted principles in the said 1992 conference.

According to Babalola (2001), growth and development are the products of good governance and leadership in the developed countries which are lacking in African countries. The author agrees with him but adds the growth and developments of good followership. African people need to learn to cultivate all those attributes and characteristics of leadership, follow those seven principles and get familiar with section 13

– 24 of the constitution indicated by Babalola (2001). Once we are able to practice all those religiously, Africa will be a paradise of a continent to which all people in the world would be dying to live, work and invest in. One would not need to advertise or plead with foreigners to come to Africa, rather they would beg us to let them into Africa.

Babalola (2001) was of these views and demonstrated how to ensure the emergence of good leadership in Nigeria. It is to first of all be sure:

that the electoral process is of such nature as to produce leaders that are honest, knowledgeable and incorruptible. The integrity of the electoral process must be preserved as any electoral process that cannot prevent rapacious, incompetent and corrupt persons from emerging as leaders would spell doom for the country. There is at least a two-way dimension to this. The first dimension concerns the electoral guidelines governing qualification for elective posts. The second concerns the exercise of electoral power by the electorate. Where the electors elect people who are not competent and who revel in corruption as their leaders, it is morally certain that the type of leadership they would give the country would not breed good governance. After all, it is axiomatic that no good fruit can come from an evil tree. Thus, if Nigerians want good leadership, they must be prepared to work for it. All hands must be on deck towards ensuring that morally decadent and intellectually bankrupt people do not become leaders. The right of the people to elect their leaders must not be sold by the people themselves for money or any other ephemeral advantage.

This above stated view echoes what the author had written in the 1993 and 1996's article on "Democracy and Logotherapy, Knowledge and Wisdom"

Babalola (2001) suggested that one should make sure that one chooses the right leader during elections. Apart from that, the author would like to propose that education or training should first be given to the aspirants of all the political parties from all the local governments as part of the preparations for the screening exercises. This should be taken early enough to enable them present their certificate of attendance and passes in those sections of the constitution which would be made compulsory for the

executive and their legislative role while additional issues such as work ethics in the house should be elaborated. It is envisaged that this proposal will solve the problems of what Babalola (2001) noted in his lecture. For instance:

if most of our leaders in the legislative houses had been men and women of reasonable learning, integrity and vision, a great deal of the row and or feud between the Legislature and the Executive would have been avoided. There is no doubt that the feud in most cases arose either from the legislators not knowing their powers and functions under the constitution or their erroneous belief that it is when they fight or cause trouble in the house that they could be seen as doing something note worthy.

Another proposal is to mandate all the aspirants to be fully-employed and well-established in order to avoid what Babalola (2001) indicated in his lecture:

when you have people who were, until their election, either unemployed or unemployable, in the Legislative House, one should not expect serious business from such houses as the majority of the law-makers would be busy alleviating their poverty.

He further raised another issue concerning their lack of knowledge in what it entails to be legislators. This first proposal by the author will help solve those problems. This will entail all the aspirants being asked to undergo training before contesting for any political post. Babalola had confirmed these problems in his lecture that:

there is no doubt that the National Assembly is in a vantage position to use its legislative powers to address and redress the various cases of marginalisation and economic and political inequality in the country. Afterall, legislation is generally regarded as an agency of social and economic change. Rather than concentrate on their constitutional duties, many legislators have indulged in bickering and at times acts of violence with disastrous consequences.

Another issue is the impeachment proceedings in the Nigeria states. This should be addressed as it is a general phenomenon. It should be debated at national level based on the constitution and made clear enough

for the entire citizens to understand and have a consensus on whatever the outcome of the general proceedings everyone agree to be the best to follow. Babalola (2001) described this issue as a matter impeding good governance and leadership in Nigeria because:

the spate of impeachment proceedings in the various state Houses of Assembly and the accompanying acts of hooliganism constitute the greatest threat to democracy and good governance. In most cases, the impeachment imbroglio has painfully paralysed legislative work thereby crippling the duties of an important arm of government.

States in which Speakers of the House of Assembly have been removed include Oyo and Delta states. It was widely reported that dangerous weapons including charms were freely used on the floor of the Oyo State House of Assembly during the impeachment of the Speaker of the House a couple of weeks ago. It appears as if some legislators regard the impeachment of their speakers as fashionable fun. Otherwise, why should the fact that the Speaker of a House of Assembly is on cordial terms with the Chief Executive of the state is considered an act of misconduct that would merit impeachment?

This is the reason why the education and screening of our would-be legislatures should be made compulsory and as the prerequisite for election.

Time is another big issue for our legislators who have to cultivate the attitude of spending judiciously on those matters that would benefit the populace rather than those that will make them more comfortable or enrich their pockets such as furniture and other allowances of which they spend most of the time to discuss. As Babalola rightly said:

if we really desire good governance, there must be an immediate end to all forms of legislative bickerings and squabbles. Similarly, a great deal of precious time has been wasted by the National Assembly on matters with which it has no business.

Five major suggestions or recommendations were made by Babalola (2001) to enhance the process of good governance in Nigeria which are as follows:

1. Keeping the leaders under surveillance is necessary for preventing mismanagement and looting of money out of the country. The citizens must keep eyes on all the leader's administrative processes and encourage honesty, accountability and transparency in discharging duties. This means, according to Babalola (2001) that:

it is the responsibility of every citizen to ensure that any leader who indulges in any act of corruption or abuse of office is exposed. Unfortunately, most of the citizens have aided and abetted the looting of the nation's treasury by acting as conduit pipes through which funds had been transferred or freighted overseas. How then can there be good governance under such a situation? I have had occasion to say that the anti-corruption crusade of the Obasanjo administration would not achieve the desired result where the citizens do not give the crusade the necessary support. It seems to me that so far, it has been Obasanjo alone that is doing the crusade and he alone cannot successfully wage the crusade. The police as well as the civil society must put concerted efforts towards making the crusade a success.

There is no doubt that the provisions of the anti-corruption Act are, if faithfully implemented, capable of engendering good leadership and in consequence, good governance in Nigeria. But the anti-corruption act is, like any other law, not self-executing. It is only when persons who violate its provisions are exposed and the citizens come out to give necessary information against public officers and leaders charged with violating the law that the objective of the law as an instrument of good governance, can be realised.

The usual thing with Nigerians is that whenever any leader is in power, everyone would be dancing and singing songs of praises of him or her. As soon as the person leaves, however, the very same set of people who were with him or her, especially those who had been his ears or mouths, would then avoid the said person. All of our bad leaders had been praised by the very people that are now saying bad things about them. This is why a good leader should be very objective with anything he or she does so that he or she would not fall victim of such people who like to manipulate them with their hidden agendas.

Abacha had advisers, secretaries, treasurers, accountants and other people who had served in his regime. They were aware of the money looted out of Nigeria but kept quiet and he was not exposed till foreigners unveiled the issues. We all must keep our eyes on any political nominee in any position who lavishes money on his own properties beyond his or her income. Such politicians should be brought to face the law of the land.

2. The second suggestion of Babalola (2001) is that increased participation in the political process of eminently qualified citizens should be placed in the first priority if the country is to move forward. Wrong candidates are presently in leadership positions such as in court, police, customs, the legislator, cabinet members and so on. This makes it very difficult or impossible for any incumbent president to clean the country from corruption and other visionless activities. This is the reason why Babalola (2001) was of the view that "when competent and upright leaders take over...." People are out there. We have able and upright men and women in Nigeria who just sit back and do nothing. Everybody must contribute to our fatherland to make it a better place for us and for our children to come.

Babalola (2001) posited that "competent and incorruptible citizens must participate in the political process." Asagba (1996) also posited that:

everyone should help build the country. There is no leader that can do everything for the citizens. Everyone must contribute to the country and work together regardless of religious or political background. The traders must learn to be considerate to the buyers and the transporters to the commuters. People travelling abroad should contribute their expertise when they come home, and those living outside of the country should come home to contribute theirs.

3. Improving the quality of governance through the provision of continuing education and seminars for leaders' should be slated into the calendar of newly-elected leaders. Apart from these, at the beginning of the tenure, ethics and other leadership training based on

value and democracy should be given to the people in leadership positions. Another issue raised by Babalola (2001) which is also very important is the interaction with 'their counterparts in the developed countries' that will tremendously enhance their leadership skills and world views:

4. Curbing the menacing activities of the elite group that are inimical to good leadership and good governance is a great problem in Nigeria. Although it would be very difficult to solve in this present generation unless there is a divine intervention or if all citizens come together with this view and fight together. To ensure good governance and leadership, the elite themselves must be willing to see how dangerous their activities are and change for positive process.

The activities of the elite group determines, to a large extent, the direction of the country. Where the elite group is patriotic and unselfish, its activities impact positively on the leadership of the society. However, where the elite group is made up of rapacious and conscienceless class of fortune-seekers, they would pose a perilous threat to the emergence or enshronement of good leadership in the society and by necessary implication, good governance.

The principal object of the Nigerian elite group has been the preservation of the interests of the class which involves the appropriation of national resources and opportunities as well as the creation of an oligarchy which has remained active since independence. Members of the group in Nigeria determine those who get appointed or elected to important government offices. Unfortunately in Nigeria, this elite group has made it possible for crooks to get appointed to high offices, persons who have soiled their names in the past get to the top. The activities of this elite group are inimical to the evolution of good leadership and governance in Nigeria. Their agenda is to rubbish every programme of the government. Accordingly, there is an imperative need to curtail the activities of this elite group. And it is only courageous and visionary leaders that can confront the elite group.

In practice, all of us in Nigeria are under the laws made for the common man and not for the rich or the elite group. They could buy their way

through in any criminal activities they are engaged in Nigeria. As a result of this view, Babalola (2001) concluded his paper with a critiques of the present leadership and governance which needs team-building efforts because it could not do all the above by itself.

Unless and until the other members of the country's leadership including ministers, legislators and law enforcement agencies imbibe the qualities of accountability, transparency, discipline and honesty, the realisation of our dream for a country characterised by good and responsible governance where the security and welfare of the citizens is guaranteed would remain unattainable.

LOGOTHERAPEUTIC PERSPECTIVES ON THE ABOVE STATED PAPERS

We all know the impact of slavery and colonisation on Africa, having all agreed on the past history as the root of bad governance and leadership in Nigeria. However, history has shown Nigerians to be a hardworking people. We should, therefore, not allow our past to hinder our present and future progress. Now, from logotherapeutic point of view, we should focus on the present and look to our freedom; to our awareness and discover the many possibilities in front of everyone of us. This is so that we are able to choose the meaningful ones from all the possible alternatives that will not only benefit individuals that are making the choices but the society as a whole.

Frankl, the founder of logotherapy, made us realise that the ability to be able to make choices is the whole essence of us as human beings which is different from animals and plants. These logotherapeutic assumptions are freedom to choose, the will to meaning and meaning of life that characterise human beings. This implies that we, as human beings, always have the freedom to choose in any situation we find ourselves; no matter how limited the freedom is, we still have the freedom to make choices out of many alternatives that life always offers. It is left to us to make a meaningful choice – one that will benefit not only ourselves but others as well. It is when we make meaningful choices

that Nigeria would benefit as a nation and Nigerians would be fulfilled and have peace of mind. This kind of choice promotes love, trust and harmony not only within self but also within family, neighbour, co-workers and the entire nation at large. This kind of meaningful living is what every good leader would like to achieve for his country and people.

Frankl (1984 and 1988) made us realise that we always have a choice to make in all the situations we find ourselves. Therefore, we have a choice to make Africa a better continent that the whole world would be eager to visit. It is not an impossible thing to do if we all work towards it. It has always been emphasised that we can make Nigeria a paradise of a country if we want. We all have to work together. No single person can do it alone; it is the joint efforts of all; and it has to be right now, otherwise our children and grandchildren will never forgive us. Logotherapeutic principles can be directed towards the development of our children and youths. This is not only to develop their potentials but also to let them realise their uniqueness by detaching from themselves, from 'selves' by self transcendence, in order to reach others. They can reach others and help them in such a way that makes them forget their own selves. This kind of love builds trust, honesty and empathy from family members, friends and neighbours. This kind of interpersonal relationship would help us to build team work similar to those attributes of good governance and leadership as well as the seven attributes in the 1992 conference cited by Babalola (2001) which had been mentioned earlier on. These would help us to build Nigeria from this social menace we are in. Some skeptics might not believe that this utopian view is possible but it is.

Personally, I believe that it is possible because our three religious groups – the Muslim, Christian and African traditional religion have these in their cardinal rules. If we all pray to the same God who is our father, then how come this same common value cannot bind us together if we are sincere to ourselves that we believe in God? Let us arise, fellow Nigerians, and build our country Nigeria together and make it enviable by people from other countries. We shall definitely make it and get there by God's grace.

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The Effectiveness of Logotherapy and Its Usefulness in Africa (Nigeria)

PREAMBLE

Over decades, experience has shown that most western theories on psychology could not fit into the African culture. The era has come for African psychologists, and others interested in cross cultural psychology, to search for the most appropriate theories in psychology and applications for African people.

The purpose of this paper is to introduce logotherapy, founded by Prof. Viktor Frankl, as one of the worldwide tested theories, which is culture free and very effective for Africa. His concept of total health of a man which comprises of the soma (body), the psyche (mind), and the noëtic (spirit) dimension had made logotherapy a unique therapy that can be applied in Africa, and especially in Nigeria where political, economic and religious crises are the major problems (see Asagba 2008).

Efforts have also been made to describe the applications and techniques of logotherapy. The chapter concludes with the author's personal comments and suggestions for not only African scholars but for all Africans.

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INTRODUCTION

The ever-long question asked by counsellors, therapists and others in the helping professions is, 'Which treatment is suitable for which individual and under what condition?' Because the multifaceted problems of clients seeking for help cannot be addressed through one theory only, it is now generally accepted that the multi-modal approach in practice is a very important concept. Cultural factors also play a great role. Up till this era, people in the medical profession know that there is no theory as yet that would give answers to all the problems of different clients.

The essence of logotherapy had been very slow in becoming known in the psychotherapy world because it took a long time to be translated from German into other languages. The founder of this theory, Viktor Frankl, is a renowned philosopher/psychologist/neurologist. Frankl believes that the total health of man comprises the acknowledgement that man is three dimensional, and consists body, mind, and spirit. Some experts had theorised something close to that, for instance, Nicolai Hartmann's Ontology theory, Max Scheler's anthropology theory and Thomas Aquinas' unitas and multiplex theory. Therefore, Frankl prefers to describe man as unity in spite of multiplicity.

Frankl (1988) had tried to bring the first two theories together in his 'dimensional anthropology and anthology' by making use of the concept of geometric as an explanation of the major diversity that does not affect the togetherness of the figure. For example, his 'dimensional ontology' is based on the two laws, which are:

One and the same phenomenon projected out of its own dimension into different dimensions lower than its own is depicted in such a way that the individual pictures contradict one another....

Now let us proceed to the second law of dimensional ontology which reads: Different phenomena projected out of their own and are depicted in such a manner that the pictures are ambiguous.....

According to the first law of dimensional ontology, the projection of a phenomenon into different lower dimensions results in inconsistencies, and according to the second law of dimensional

ontology, the projection of different phenomena into lower dimension result in isomorphism.

According to Frankl (1988), the two analogies could be applied to anthropology and anthology in that when counsellors/psychotherapists project man into biological and psychological dimensions, one may likely obtain 'contradictory results' because two patients may have the same symptoms but one patient may have a biological problem while the other may have a psychological problem. One may even have both of the two problems. The views of the body and the mind of man may be at variance with each other but when we see them both in terms of 'dimensional anthropology', the variance would not be with the unity of a person as a whole.

dimensional ontology is far from solving the mind/body problem, but it does explain why the mind/body problem cannot be solved. Of necessity, the unity of man – a unity in spite of the multiplicity of body and mind – cannot be found in the biological or psychological but must be sought from the neological dimension out of which man is projected in the first place.

Also:

The lower dimensions, however they may neglect the humanness of man, need not contradict it. This is equally true of approaches as distinct as Watsonian behaviourism, Pavlovian reflexology, Freudian psychoanalysis and Adlerian psychology. They are not nullified by logotherapy, but rather overarched by it. They are seen in the light of a higher dimension or, as the Norwegian psychotherapist, Bjarne Kvitthaug, puts it with special reference to learning theory and behaviour therapy, the findings of these schools are reinterpreted and re-evaluated by logotherapy and rehumanised by it.

As written earlier in one of the previous chapters, after personally going through all available therapies from various schools of psychotherapy like psychodynamic, behavioural, existential, humanistic psychology to alternative ones, etc. the author found out that logotherapy does not only directly or indirectly meet the multimodal approach but is

coupled with rationality, emotion, religion, non-religion, and culture of individuals.

In fact, some of this application which the founder (Frankl) had discovered since 1925 and the 1940s were being used later but given other names by many authors without making references to him! Those names and all their so called theories need not be mentioned here. We all can witness these in the amount of psychological/psychotherapy literatures. The effectiveness of logotherapy is worth being noted here; for example, Lukas (1987) made known that Glass and Kliegle (1986) utilised a meta-analysis with statistical methods and reported their findings of:

Some 50 empirical studies of various psychotherapies in the *Journal of Counselling and Clinical Psychology*, 5-1-1986. Lukas quoted there that the most effective proved to be cognitive methods of therapy which were based on rational confrontation with the convictions and thought of the patients.

Second most effective were methods using hypnosis to bring about changes in the patients' experiences and behavioural patterns. Methods in behaviour therapy, aimed, for instance, at self-control or training in certain abilities, were third, followed by the treatment of certain phobias through systematic desensitisation. Other forms of therapy proved to be less effective, such as psychoanalytically oriented therapies, Gestalt and client-centred therapy.

Lukas (1987) further reports that the type of methodology above was being criticised. However, another better method was employed by Klaus Grawe of the University of Bern, Switzerland. The result was quoted by Lukas:

Preliminary results of a detailed examination of some 1,000 International Studies of psychotherapies by the Bern Research Team found humanistic methods most effective. These include therapies emphasising the experience and stimulation of emotions and meaning aspects. Behavioural therapies and psychoanalytically oriented treatments followed at a significant distance.

According to Lukas, she mentioned that other psychotherapies should not be let down, but to let people know 'where its effectiveness may lie.'

The Bern study, according to her 'declared logotherapy as most effective humanistic methods'

Therapies emphasising the experience and stimulation of emotions and meaning aspects. Effective methods, therefore, appeal to a rationale, confronting the convictions of patients and are also emotion oriented towards meaning. This is exactly the combination stimulated by logotherapeutic dialogue; rational thinking and not acting rigid but based on deep-rooted values and ethical convictions and also on active emotions, not concentrated on self but transcending to persons and causes that are meaningful.

Both the theory and methodology of logotherapy had also been well proved and documented not only among Frankl's followers but among the patients themselves. Numerous examples could be found in the literature. According to Prof. Frankl (1988):

Logotherapy has become scientifically established on the grounds of research based on:

1. Tests
 2. Statistics and
 3. Experiments.
1. So far, we have logotherapeutic methods of Walter Bockmann, James C. Crumbaugh, Bernard Dansart, Bruno Giogi, Ruth Hablas, R.P. Hutzell, Gerald Kovecie, Elizabeth S. Lukas, Leonard T. Maholick, and Patricia L. Starck.
 2. As to statistics, we can point to the outcome of research conducted by Brown, Gasciani, Crumbaugh, Dansart, Durlak, Kratochvil, Lukas, Lunceford, Mason, Meiser, Murphy, Planova, Popielski, Richmond, Roberts Ruch, Sallee, Smith, Yarnell, and Young ...
 3. As to experiments, L. J. Solyom, Garza-Perez, B. L. Ledwidge, and C. Solyom, were the first to offer experimental evidence that the logotherapeutic technique of paradoxical intention was effective. Most recently, L. Michael Ascher and Ralph M. Turner have come up with a controlled experiment of paradoxical intention in comparison with other behavioural strategies.

The above gives a clear view about the effectiveness and importance of logotherapy not only for western culture but also for the so-called third

world. It is also clearly documented that if someone really practices logotherapy in the right way, it would not only be complementary to other therapeutic approaches but as a therapy itself, because of its completeness in all techniques in both direct and indirect practice. It also gives answers to many unanswered questions facing counsellors/psychotherapists/clinical psychologists of today (Asagba 1993). Logotherapy is, however, not a 'panacea' according to Frankl, as other applications could also be added to it. Frankl (1988) further explained:

The method of choice in each given instance boils down to an equation with two unknowns.

$$Y = X + Y$$

X stands for the unique personality of the patient and Y for the equally unique personality of the therapist. In other words, not each and every therapist is capable of handling each and every method with equal success. As to adjusting the method to the patient, the great psychiatrist, Beard, once said, "If you treated two cases of neurasthenia in the same way, you have mistreated at least one of them..." Logotherapy cannot become too individualised. The method must be modified from person to person and also from situation to situation. Logotherapists must not only individualise but improvise.

The aim of this chapter is not to tell the reader what to do, nor what precisely is the best way to assist clients to grow and to develop, but to let counsellors or therapists be aware of the effectiveness of logotherapy. It is important not only in the western culture but in the developing countries where its need is more apparent. Here the effectiveness of logotherapy had been reviewed earlier, but the definition of logotherapy would now be given followed by history, application and techniques and its usefulness in Africa, especially Nigeria.

DEFINITION

The definition and history of logotherapy are repeated here for those who are not privileged to read the previous chapter. Logotherapy, or existential analysis (*existenzanalyse*), as it was once named by Viktor E. Frankl of Vienna, the founder of Logotherapy, is popularly known as 'the

Third Viennese School of Psychotherapy' (which means that it is the next to the first and second viz Freud's psychoanalysis and Adler's individual psychology).

As Frankl had pointed out, logotherapy was named from the Greek word, *logos* which means 'the meaning of being'. Therefore, logotherapy is a therapy through meaning. Fabry (1968) described logotherapy as therapy "through searching for meaning." Lukas (1987) also defined logotherapy as "health through meaning". Crumbaugh (1988) defined it "as treatment through finding meaning and purpose in life."

According to Frankl, he used the word '*existenzanalyse* in 1930 as an alternative name for logotherapy.' In the English translation of *existenzanalyse*, it was called '*existential analysis*' which was the same translation as *daseinanalyse* which the late Ludwig Binswanger had selected for his own writing. Therefore, Frankl did not want to cause confusion with the same English's translation from different writers in the 1940s and so he had to stick to his own word, logotherapy.

often I speak of logotherapy even in a context where no therapy in the strict sense of the word is involved. What I call medical ministry, for example, forms important aspect of the practice of logotherapy but it is indicated precisely in those cases where actual therapy is impossible with an incurable disease. Yet, in the widest possible sense, logotherapy is the treatment of the patient's attitude towards his unchangeable fate.

HISTORY

Although 'the search for meaning is as old as humanity,' this search distinguishes man from animals. It has been with us from the beginning but it is now critical at the turn of the twentieth century because of the changes in our traditional ways which made Frankl discover this theory as far back as when he was a 13-year-old student in the 1920s during his natural science class where he questioned his teacher 'what meaning does life have if life is nothing but "an oxidation process"'. At the age of 17, he was still a student in high school and gave a lecture in Vienna on 'the meaning of life'. The two main points he made during the lecture were:

1. 'That life leaves it to us to find what is meaningful,' and
2. 'that the ultimate meaning of life is beyond the grasp of interest but is something we can only live without ever being able to define cognitively.'

The two main points above had been the foundation of his theory till today (Kalmar, 1988). As a medical student and later as an intern and staff member at Vienna's most popular institution, he developed intuitively the basic concepts and used his patients' experience to develop the various techniques and applications that we are using today. These would be discussed later. He was not at all in isolation; he came in contact with Freud and Adler during their lives. According to Frankl himself:

I was affiliated, one way or another, with the Freudian and Adlerian schools. As a high school student I met him. As early as 1924, I corresponded with Sigmund Freud, and as a medical student, a paper of mine was published by him in his *International Journal of Psychoanalysis*, and not more than one year later, in 1925, I published a paper in Alfred Adler's *International Journal of Individual Psychology*.

As Fabry had written about Frankl's relationship to Freud and Adler:

Frankl started out as a medical student. His influential teacher, Alfred Adler, introduced individual psychology as a treatment of the sick. Adler's teacher, Sigmund Freud, developed psychology-analysis as a medical method. Logotherapy, which was the child of individual psychology and the grandchild of psychoanalysis was also conceived as a method of curing for the sick.

Frankl's incarceration in the concentration camp was his human laboratory where he was able to expand his theory, techniques and applications. Here, he constructed his last manuscript after his release with the title, *The Doctor and the Soul*. His experience in the camp was first written in German under the title *From Death Camp to Existentialism* and which was translated into *Man's Search for Meaning*. It was to be published anonymously, but he later changed his mind. This book was the book of the year in the 1970s and is still a bestseller even today. Among his numerous books already translated into English and other languages are

The Will to Meaning, Psychotherapy and Existentialism, The Unheard Cry for Meaning, and other numerous articles in German and English. They could be requested for from the Viktor Frankl Institute of Logotherapy, P.O. Box 156, Berkeley, CA 94704. or through the Victor Frankl Institute in Vienna's web site – www.viktorfrankl.org.

'The post-war years were most creative for him,' according to Fabry (1987). In fourteen years, about fourteen books of his were already out for the market.

He became the head of the department of neurology at the Vienna Polyclinic Hospital and professor of psychiatry at the University of Vienna. As the founder of logotherapy, he received from the Austrian President the Medal of Honour First Class for Science Ward of the city of Vienna. He has been on some fifty lecture tours in the United States, lecturing in one hundred and fifty universities and colleges. He has been a visiting professor at Harvard, Southern Methodist, Stanford, Edgely College (Cincinnati) and Rockford College (Illinois). At the United States International University in San Diego, California, he serves part of the year as distinguished professor of logotherapy.

The author of this book saw them herself when she visited him and his wife in their Vienna home, a host of beautiful honours and awards, received from different prominent personalities and in institutions all over the world.

APPLICATION AND TECHNIQUES

Logotherapy has either a direct or indirect impact in all eleven attributes which are used in intentional counselling. Ivey and Simek Downing (1980) named eleven attributes that make intentional counsellors. They are (1) Goals of helping, (2) Generation of responses (3) World view (4) Psychological theories (5) Cultural intentionality (6) Confidentiality (7) Limitations (8) Information gathering (9) Interpersonal influence (10) Human dignity, (11) General.

1. **The goals of helping:** This is allowing the client find the meaning in his life by himself without having being dictated or forced by the therapist. The therapist can only provide guidance to the client or guiding him/her to 'read' the goal.
2. **Generation of responses:** The therapist can help the client by making use of Frankl's Socratic dialogue.
3. **World view:** Frankl's ontological and anthropological dimensional views has a multidimensional concept of man. That is,

Logotherapy takes the spiritual or neological dimension fully into account. In this way, logotherapy also enables us to realise and utilise – the intrinsic difference between the noëtic and psychic aspects, between spirit and mind. The anthropological wholeness and oneness is not only maintained by our multidimensional concept of man but even supported by it. Speaking of man in terms of his spiritual, mental, and bodily levels or layers may well prompt one to assume that each of these aspects can be separated from the others. This, however, would be a wrong assumption.

4. **Psychological theories:** Logotherapy identifies different theories in psychology and uses them when needed, but sees them as one dimension in the psyche. This, however, is wrong, since man also has two other dimensions namely the soma and the spirit.
5. **Cultural intentionality:** Logotherapy can be applied in any culture because of its anthropological dimensional view. He sees man as what Frankl described,

in thousands of years ago, mankind developed monotheism. Today another step is due. I would call it monanthropism. Not the belief in one God but rather the awareness of the one mankind, the awareness of the unity of humanity, the unity in whose light the different colours of our skins would fade away.

6. **Confidentiality:** This is naturally part of logotherapy as in the case of other psychotherapies.
7. **Limitations:** Frankl has made logotherapy's limitations clear in his writing. Frankl did not see logotherapy as a panacea. He accepted

the limitations of logotherapy where necessary and did not hesitate to refer his clients to other specialists, especially in those cases where the counsellor has no medical background, and the cause seems predominantly somatic.

8. **Information gathering:** Logotherapeutic counselling as well as psychotherapeutic counselling, according to Lukas, consists of three phases namely: diagnosing, the therapy, and the following up. Therefore, in the diagnosing stage, the therapist tries to obtain information of the patient's medical history through examinations, questionnaires, tests and in-depth interviews.
9. **Interpersonal influence:** Logotherapy works hand-in-hand with the patient by guiding them to see meaning to their lives through the use of Socratic method without showing or dictating meaning to the patients. The self-distancing from their symptoms and self transcendence which lead to the modulation of attitude usually helps improve their interpersonal activities. Logotherapy, according to Lukas:

is education to responsibility through awareness of task, values, and goals and so enables patients to find their own answer to questions of meaning. People have a natural inclination to respond to challenges and to become at least responsible for their lives, rather than appearing as helpless products of their genes, past external circumstances, drives, illness, and fate. (*unVao day nghe bai nay di ban* <http://gaigoibaucal.xlphp.net>)

10. **Human dignity:** According to Lukas:

human dignity is something that every person has – the poorest, the sickest and the most useless person. Psychotherapy is something which we should be able to apply to the poorest, the sickest and the most useless person. If we want to merge the two, we will have to operate within the area of our last 'possession' which absolutely cannot be taken from us except by death or by mental death. This possession is our spiritual freedom. Logotherapy is the only therapy which has succeeded in fully integrating spiritual freedom in its medical and psychological concept of the human being. This is why logotherapy

deserves to be called a psychotherapy worthy of human dignity, because human dignity and psychotherapy have been separated from each other for a long time. Through logotherapy, human dignity had again found its way home in psychotherapy.

11. **General theory:** According to Ivey and Simek Downing (1980): "logotherapy is concerned with the search for connections and underlying unity within and among differing theories of counselling and psychotherapy." Logotherapy had identified this in its ontological and anthropological dimension. Logotherapy had begun 'the initial stages of the development' in counselling and psychotherapy long time ago. It had been formulated already in the 1920s but was only available in German languages.

According to Lukas (1984):

logotherapy is open to interpretation; its effectiveness does not depend on special techniques that must be applied under all circumstances. It provides every therapy plan.

In logotherapy, according to her, there are four important techniques, which are:

- (i) Paradoxical intention
- (ii) Modulation of attitudes
- (iii) Dereflexion
- (iv) The appealing technique with the use of individualisation and improvisation and the right word at the right time.

AREAS OF APPLICATION

According to Fabry (1980):

Frankl sees logotherapy to be applicable for five kinds of clients: for those suffering from neogenic neuroses, logotherapy is a specific therapy; for those suffering from phobias, obsessions, compulsions sexual dysfunction and other problems caused by hyper-reflection and hyper-intension, logotherapy is applicable through paradoxical intention and dereflexion.

Lukas (1984) had for example, used the following illustration to describe the above application.

- (i) Paradoxical intention prevents an event or a condition (fear).
- (ii) Dereflexion brings about an event or a condition (sleep).
- (iii) Change of attitude helps master an event or a condition (incurable sickness).
- (iv) Self-detachment helps to apply paradoxical intention.
- (v) Self-transcendence helps apply dereflexion.
- (vi) Auto suggestion helps bring about change in attitude.

Fabry further explained that:

For those facing unavoidable suffering, logotherapy becomes 'logoministry'. For those suffering from collective neuroses, logotherapy is 'logoeducation'.... Finally, logotherapy is applicable as 'logophilosophy' to an increased number of people who feel empty, doubtful, hopeless, alienated, frustrated, trapped in transition, or in despair. A sixth needs to be added to these five groups where logotherapy is a supplementary but a vitally important therapy. In this group are patients who have been helped with their physical or psychological problems but still face the problem of meaning. What meaning does life hold for people whose limbs have been amputated, those cured from nervous breakdowns, or others detoxified from addiction. Here, logotherapy, is used as 'logo-supplementation.

LOGOTHERAPY AND ITS USEFULNESS TO AFRICA

Logotherapy is the only therapy as of now that is most suitable for the third world as a whole because of the following:

1. Briefness during therapy when compared with other therapies. This had made it very difficult for other professionals who know about its shortness as therapy to use it in their practice when they consider the amount of money they would lose, especially in western cultures where time means money. They prefer the psychoanalytic approach where they would be able to treat patients for years – and that means money.

This type of therapy is very good in Africa, especially Nigeria, where the present economic situation is not favourable. Clients would feel

healthier to undergo short-term therapy instead of a long-term therapy. Our culture does not favour a long-term therapy because it would lose its face. Psychotherapeutic counselling is not originally of African culture but is regarded as a white man's. If a therapy is not short, the client would fail to finish the sessions.

2. Logotherapy is open to most religions (Islam, Christianity, African traditional religion and other forms of religion). Religious persons can find comfort in it through the type of religion he/she practices, which is an upper dimension unit of a person as Frankl calls it – the noetic dimension of man, which was referred to earlier. Also, a non-religious person could also achieve comfort through the arousing of his deviant spiritual power that allows him to change his negative attitude to a positive one by accepting to carry his cross with smile and endurance – along with the unchangeable fate in life. This is what Lukas (1984 and 1986) calls 'modulation of attitude'. Frankl's use of the word 'spirit' is not used as a simile for 'religious' or a specific religion.

African culture is so complex from village to town, city to state, that the people either consciously or unconsciously believe in traditional ways – and this has nothing to do with how intellectual or educated they are. They will still believe one way or the other in our taboo or voodoo. For example, if a child is sick, it might be caused by someone in the family who does not like the parent, or a man's motor accident is the result of one of the family who does not want the man to progress in life. These are so common in some families and African culture as a whole. A university professor might like to consult a traditional healer or priest or Muslim elder before travelling, or before any important project. It is not surprising to see some educated people who deny this in public but go secretly to consult traditional healers. According to Frankl:

Man is incapable of understanding the ultimate meaning of human suffering because mere thinking cannot reveal to us the highest purpose.... As Albert Einstein once said, "I would say that the ultimate meaning, or I prefer to call it, the supra-meaning, is no longer a matter

of thinking but rather a matter of believing. We do not catch hold of it, on intellectual grounds but on existential grounds, out of our whole being, i.e. through faith".

3. Logotherapy (in the above sense) is not only a psychotherapy that allows such people to maintain their beliefs but leads and guides them in positive health ways. Logotherapy's supra-meaning gives room to all believers or thinkers. Since one man cannot prove if there is a higher power, it is wrong to disagree that it is not there for those who believe that it is there.
4. The age of a poor economy is all over Africa and other third world countries. The African people had resorted to breaking the long time traditional laws, mores and norms, and follow western lifestyles. As a result, people have left their land for the cities in search of white collar jobs. Today's youth had mostly lost their identities. The question of "who am I?" "what am I going to become in life?" has given them problems which result in drug addiction. Other groups who come from affluent families or highly intellectual families, has also experienced, in what Frankl called, an existential vacuum. The above groups could gain immensely by undergoing logotherapy.
5. The question of power and pleasure now dominate motivation in the lives of Africans. People can do anything to get to the top. They mostly pursue pleasure, and in different ways, through sexual promiscuities, accumulation of wealth, and not being satisfied with owning 2-3 cars and 4-5 houses at a time. Even having houses overseas is still not sufficient for some people. Why all these? They forget that money is not the end of things in life.

According to Frankl:

The accent which Freudian psychology places upon the pleasure principle is paralleled by the emphasis which Adlerian psychology places upon the status drive. However, this striving also proves to be self defeating, in so far as a person who displays and exhibits his status drive will sooner or later be dismissed as a status seeker....

Normally, pleasure is never the goal of human striving, but rather is, and must remain, an effect, more specifically, a side effect of attaining a goal. Attaining the goal constitutes a reason for being happy. In other words, if there is a need for happiness, for happiness comes automatically and spontaneously. That is why one needs not pursue happiness; one needs not care for it once there is a reason (for it).

Fabry had also echoed in his book titled, *The Pursuit of Meaning* that:

To Frankl, our basic motivation for living is not to find pleasure, power, or material riches but to find meaning. Pleasure, an important component of happiness, is merely a by-product of having found meaning. Power and material goods contribute to our wellbeing but are simply means to an end, to be used in a meaningful way. Meaning is neither a by-product nor a means to an end. It is an end in itself.

Logotherapy is the only therapy that helps guide these people to know all the implications of both the power and pleasure drive, and motives especially now that these have become common pursuits with Africa's sports men and women. This has made them to be behind in some events or sports.

6. The central theme of logotherapy is the concepts of meaning (i) freedom of will (ii) the will to meaning (iii) the meaning of life. There is always freedom for a man in spite of the circumstances in life. According to Frankl, this freedom differentiates man from plants and animals. This is why Frankl had earlier called this spiritual dimension an exclusively human dimension. Man is a unity of three dimensions: the spiritual, the somatic and the psychic. This possibility of a free choice of attitude towards any condition is what makes logotherapy a unique therapy, very important to Africans. That is, whatever condition one is in – economic, health, or political oppression – one still has the freedom to choose - even to one's last breath. The will to meaning is the primary force of man, not the will to power or the will to pleasure.
7. The concept of the meaning of life is very important to the third world because there is no objective meaning of life. It is very subjective

even within culture, tradition, family and in time. This is the reason why culture, religion and other environmental factors do not influence logotherapy. What is the meaning to someone may not be the same to another person, and what is the meaning at this moment may not be a meaning later. Therefore, for every human being, there is a unique meaning to life and this unique meaning may change from time to time.

8. Frankl mentioned three avenues or ways that lead to meaning which are values that one could explore to find one's meaning in life. They are: (i) Creative values, (ii) Experiential values, (iii) Attitudinal values.

(i) **Creative values:** These means producing something. The production could be in different ways: from job or a hobby that one finds joy in doing, or something one believes is very important and is willing to spend time and effort on. As a result of these values, entrepreneurship and innovation would emerge which are central to the development of Africa. According to Frankl, in situations where there is lack of these, there must always be an improvisation. Therefore, there is no situation one cannot find meaning in life.

(ii) **Experiential values:** These are the values one achieves by experiencing the good things in life, for example, in the fine arts, music or literature. For some people, it might be by just going on a sightseeing trip of the countryside, or interacting with nature. These are very important in Africa and achievable despite the economic problems.

(iii) **Attitudinal values:** These are the positive attitude one takes to face an unchangeable fate. A good example is the attitude Frankl took and lived out in the concentration camp and thus survived the camp.

This should be a big lesson to the African people who always complain about their conditions, i.e., the leaders, politics, the economy, etc. No

matter what problem one has now in Africa, it would not be as terrible as those experienced in the concentration camp. What matters is one's attitude towards it.

We cannot change the fact that we are Africans, and we cannot all run away overseas to live and make it our own. We have to accept and work together by doing good to our fellowman and loving one another. This is what Frankl calls self-transcendence, our ability to reach beyond ourselves and to other people, and thus our own needs become secondary to the needs of other persons. This would lessen the problem of egocentrism that is now prevalent in Africa where questions of survival of the fittest are more prevalent. The social and family network that has long been with Africans are no more there. A nuclear family is not comfortable enough talk less of the extended family where everybody is trying to help himself (Asagba, 1993).

The recent xenophobia incidence in South Africa have, beyond doubt, shown that African traditions have crumbled. According to Olowu (2008), 'In African psychology, some prefer to name it 'black psychology'. Xenophobia should be the last thing to happen! In traditional life, according to Mbiti (1970), the did not and could not exist alone. The individual owed his very existence to other members of the tribe. Not only those who conceived and nourished him but also those long dead and still unborn. The individual did not exist unless he was corporate or communal: he was simply an integral part of the collective unity. Africans traditionally believe that the community (tribe) made, created or produced the individual, thus, the existence of the community was not imagined to be dependent on individual ingression.

Unlike western philosophical and psychological systems, the African philosophical tradition does not place heavy emphasis on the individual. One might say that in a sense, it does not recognise the individual. It recognises that only in terms of other people does the individual become conscious of his own being.... (Mbiti, 1970). Only through others does one learn his duties and responsibilities towards himself and others. Most initiation rites were designed to instill a sense of corporate responsibility

and collective destiny. There is no space whatsoever for xenophobia to rear its ugly head among Africans. As a result of these changes in African tradition, the principles of logotherapy practices are those ones that can bring us back to terms with our tradition that we emphasise on self Frankl called 'self transcending', that is the ability of someone to detach from oneself and focus on others to help.

According to Asagba (2008), the self transcendence of man means the ability to detach from oneself and focus on an object or persons rather than him/herself. That is, someone to encounter or love or relate and nurture to experience. This is what Frankl termed experiential value which is one of the three avenues to finding meaning in life. The second avenue is creative value which means that there are many great things to create in life, tasks to accomplish and goals to fulfil. The third is what Frankl always hammers on, that we have freedom to make choices which is our attitude towards any unchangeable condition in life.

As Frankl had always maintained, 'we have to teach despairing men that it does not really matter what life expect of us', but it is we that would answer the questions of life instead of questioning life ourselves. The author would not forget one American President, John F. Kennedy, who indirectly echoed Frankl's philosophy by a statement during his speech: "Ask not what your country can do for you but ask what you can do for your country." This is exactly what Africa, especially Nigeria, needs now, as nobody is ready to suffer for anything even to work hard in order to make the country a better place to live. The author personally hear many people say almost daily that "I cannot die for the country because it is not worth it," but it depends on what and how one is willing to die for his fatherland. One should not forget that, "Whoever would save his life will loose it and whoever loses his life for my sake and the gospel, will save it" (Mark 8:35).

We can look at one traditional value of caring in Africa. According to Olowu (2008), "Ubuntu can be defined as humanness – a pervasive spirit of caring and community harmony and hospitality, respect and responsiveness – that individuals and groups display for one another."

Ubuntu is the foundation for the basic values that manifest themselves in the ways African people think and behave towards each other and everyone else they encounter.

It is obvious that today's realisation and realities do not favour the dispositions espoused by Olowu above anymore. Olowu (1985, 1989) argued that people who are moving from their traditional cultural setup and stance to the new, modern and western cultural orientation have their self-concept warped as they are in transitional societies. Preponderantly, this is the case in many African and Asian societies. The situation is usually accompanied by uncertainty and unpredictability which in turn engender insecurity and anxiety. These conditions are what Frankl (1988, 1985 and 1965) termed 'existential frustration', that is people are frustrated from their search for the meaning of life. This may lead to 'existential vacuum which is inner emptiness. If there is no logotherapeutic intervention, these feeling of meaninglessness and inner emptiness may lead to 'existential neurosis' which may result to mass neurotic triad of our time – globalisation. These are depression, addiction and aggression (Asagba, 2009).

We should not allow money and power to be our goal in order to live a meaningful life. The author's personal encounter with Prof. Frankl had proved beyond doubt how important logotherapy is in Africa. The author must not fail to recollect her last telephone discussion with Prof. Frankl on a morning in July, 1992. She was about to go to the Airport for her trip back to Lagos, Nigeria from Vienna. This busy 'young man' of 87 still remembered to phone a student from Nigeria, with nothing but her dignity, in order to say goodbye and farewell (this was after a few months of notice of my travelling).

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Appendices

TO THE OWNER OR READER OF THIS BOOK

Hope you have found this book titled *Logotherapy – Issues from an African Perspective* useful? I would appreciate it if you could assist me in improving the next edition of this book. This you could do by taking out the time to get a photocopy of this questionnaire, complete it electronically and mail to this e-mail address: afrilogo@yahoo.com

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President of College of Mount Saint Vincent, Late Sister Dr Doris Smith, with author and children.



Author (first from left) and children with some administrative staff of the Continuing Education Department of College of Mount Saint Vincent between 1982 and 1985.



The author and children with Sister Marion Hunt in College of Mount Saint Vincent.



Author and family with Sister Anne Courtney.



Author with Prof Frankl (founder of logotherapy) and wife.



Author with Prof Frankl in his library of awards.



Author with Prof Frankl in his library.



Author with Dr Mrs Elizabeth Lukas
(a former student of Frankl) and her husband, Gerhard.



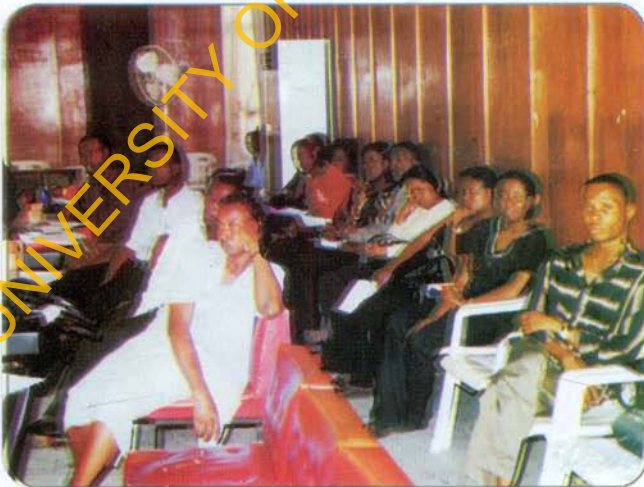
Author (third from left) at one of the tours organised by OAD/AAE for the recipients of the foreign student fellowship award in 1991.



Author having tea with Late Christil Steiner (a very close friend).



A Lecture by Prof Sola Olowu of the Obafemi Awolowo University at the First Viktor Frankl Memorial Lecture at the University of Ibadan.



A cross-section of participants at the workshop on the First Viktor Frankl Memorial Lecture at the University of Ibadan.

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