

Psychotherapy Training in Nigeria

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Abstract

The scarcity of properly trained psychotherapists in Nigeria, on the one hand, and the increasing incidence of emotional problems resulting from poverty and underdevelopment, child abuse and neglect, trauma resulting from different forms of crime and abuse of human dignity, insecurity problems like terrorism, insurgency, kidnapping and hijacking, increasing stress-provoking lifestyles, tribal and national wars and conflicts, westernization and globalisation, and the HIV/AIDS pandemic, different forms of cancer, and all sorts of abuse of human dignity on the other hand, call for urgent need for establishment of institutions for formal psychotherapy training in Nigeria. This paper highlights not only the above lacuna but also describes the important aspects of psychotherapy training in the Western world. It went further to describe current efforts being made in Nigeria to establish a world-class tertiary institution, the School of Psychotherapy and Health Sciences (SPHS), which takes its lead from modern psychotherapy training programmes in Austria. The SPHS in Nigeria has also been affiliated Sigmund Freud University, Austria. Students from SPHS will be trained by qualified staff from Nigeria and from Austria, and they will be properly equipped with psychotherapeutic skills that will enable them to address the emotional problems of Nigerians, in which ever work-setting they find themselves. They will also be registerable the World Council for Psychotherapy and with other psychotherapy organisations world-wide.

Key Words: *Psychotherapy Training, Nigeria.*

Introduction

In Nigeria, as well as in most black African countries south of Sahara, the challenges posed by poverty and underdevelopment, child abuse and neglect, trauma resulting from different forms of crime and abuse of human dignity, insecurity problems like terrorism, insurgency, kidnapping and hijacking, increasing stress-provoking lifestyles, tribal and national wars and conflicts, westernization and globalisation,

and the HIV/AIDS pandemic, different forms of cancer, are enormous (Madu, 2009; Madu, Baguma & Pritz, 1996; Madu, 2003). The emotional aspects of those problems need to be addressed by well-trained psychotherapists, using appropriate psychotherapeutic methods that would appeal to the African clients.

One may consider psychotherapy to be that process that enables people to express their feelings in a protected

environment, to a person well-trained to listen with understanding and compassion. The process helps people reconnect with – and honour – their roots, affirm their identity, and develop healthy ways of being in the world (Pritz, Kuriansky, Nemeth, Mulcahy, Walsh & Madu, 2005). By restoring an individual's human dignity, and personal and cultural identity through psychotherapy, the person can regain emotional resilience and achieve sustainable mental health to overcome fear and deal effectively with personal suffering and trauma in the world.

Surely, we have the likes of Sigmund Freud and Carl Rogers in Africa, but often we run short of African-originated and integrated forms of psychotherapy to be used to address our emotional problems. It is a challenge for us to know exactly how to adapt the different western forms of psychotherapy to our African situations. Some African traditional and religious faith healers, have been said to be managing many of the physical as well as emotional problems of our people (Ebigbo & Tyodzua, 1982; Madu, 1989; Madu & Adebayo, 1996; Madu *et al.* 1997; Madu & Ohaeri, 1989; Peltzer, 1995). In spite of that, how we (the western-oriented African psychotherapists) should relate to them professionally, is still a matter of debate (Madu, Baguma & Pritz, 1998, 1999, 2000; Madu & Govender, 2005). The above are some of the challenges that have generated intensive dialogue among African psychologists and psychotherapists.

Types of African psychotherapy clients:

According to Ebigbo and Ihezue (1981), there are three types of clients (in black Africa) - the **traditional, the mixed, and the western oriented types**. The **traditional type** grew up and spent most of his or her formative years in rural areas. Some of them move to the townships at a

later stage in their lives. Their world image is analogical, magical and pictorial. They always go to traditional healers when they have health problems (including emotional problems).

The intermediate mixed type was either born and bred in the rural areas but moved to a city to work and live as an adult or grew up in a city but continued to have a very strong tie to the rural areas and their customs. This type is a compendium of two cultural systems (the traditional and the western-oriented), because he or she has the tendency of making use of the two methods of healing (traditional and western) at the same time (concurrently). Some of them also consult the religious faith healers. It is worth noting here that the majority (about 80%) of the black African population today would fall (within either the traditional or) the mixed types (compare also with Peltzer, 1991; Pennymon, 2004). African well-trained psychotherapists would be particularly relevant to this group of clients (the mixed type).

Most of the **western-oriented type of clients** were born and bred in the townships. They are educated, mostly Christians or Moslems, they come from monogamous families and their parents are also educated. From childhood, they have always been treated in hospitals and have never thought of going to a traditional healer for treatment. The western forms of psychotherapy would appeal to this group of clients.

The above complexity in types of clients found in Africa makes it imperative that special training programmes need to be organised for psychotherapists in Africa, including Nigeria. The psychotherapists trained in Africa should be well-equipped to attend to any of the types of clients found in Africa.

Some African-Originated Forms of Psychotherapy:

The problems psychotherapists are encountering in trying to apply western oriented psychotherapy in an African culture have also been extensively reported (Madu, 1991; Hanneke, 1989; Oladimeji, 1988). Happily, some of the western trained psychotherapists have gone a step further in trying to develop some Africa-based forms of psychotherapy. Three examples of such forms of psychotherapy are the Ubuntu therapy (Nefale & van Dyk, 2003; Louw & Madu, 2004), the "Meseron" Therapy (Awaritefe, 1995, 1997, 2004; Ofovwe, 2005), the "Harmony Restoration Therapy" (Ebigbo, Oluka, Ezenwa, Obidigbo, Okwaraji, 1995) and the Culture-Centred Psychotherapy (CCP) (Madu, 2013). Each of these forms of therapy has some aspects of the African cultures, values, and belief systems as its take-off-base.

It is however an unfortunate reality that no full training programme has been developed for any of the African-originated forms of psychotherapy. Also, no formal full training programme for any form of psychotherapy (whether western or African) is available in most countries of Africa South of Sahara. The few psychotherapists who were trained overseas who came back and settle in Africa, are overwhelmed with work as lecturers teaching clinical psychology or counselling psychology in institutions of higher learning. The clinical psychology and counselling psychology post-graduate programmes offer students only a few modules in psychotherapy. Clinical psychology students therefore graduate being experts in psychopathology and psycho-diagnostics; but become handicapped when it comes to psychotherapy. The enormous need for fully trained psychotherapists who would be at the grass-root addressing the emotional problems associated with poverty and

underdevelopment, child abuse and neglect, trauma resulting from different forms of crime and abuse of human dignity, insecurity problems like terrorism, insurgency, kidnapping and hijacking, increasing stress-provoking lifestyles, tribal and national wars and conflicts, westernization and globalisation, and the HIV/AIDS pandemic, different forms of cancer, remains farfetched. This paper therefore throws some light on a way forward from this dilemma by highlighting some efforts being made, in collaboration with some of our colleagues overseas, to set up a training institution for psychotherapy in Nigeria.

Psychotherapy training in the Western world:

In Europe and America, psychotherapy training is a rigorous training that lasts for many years. It is often organised by the respective professional bodies in charge of licensing the graduants from the different schools of psychotherapy (Psychoanalysis, Behaviour therapy, Client-Centred Psychotherapy, Gestalt therapy, Logo therapy, to mention but only a few). To qualify to be admitted into any of the schools of thought, in most cases, one must have acquired a master's degree in a relevant field of study (e.g., clinical psychology, counselling psychology). Each psychotherapy training is often divided into three segments/phases: 1. Theoretical phase. 2. Phase of Self-experience of psychotherapy (Eigenterapie Phase). 3. Practical phase.

During the theoretical part, the trainee is exposed to many theories and publications in the specific psychotherapy school of thought. Thus, the trainee acquaints him/herself with the thoughts of the father-founders of the school of thought as well as with the research findings of modern psychotherapists in the same school of

thought. Series of seminars and workshops are organised for the trainees to ensure proper internalisation of the school of thought. During the second stage of the training, the trainees are meant to experience themselves psychotherapy sessions as clients. They are to go to an approved renowned psychotherapist of the same school of thought as clients for psychotherapy. The reason behind this (compulsory) experience of psychotherapy as clients is to ensure that they do not later become helpless helpers. This self-experience of psychotherapy offers the trainees the opportunity to deal with and properly address shackles of psychopathology in them which may later be a hindrance, an intervening variable, or a source of counter-transference, when they start to practice as therapists. Even, not having a problem can be a problem. Until the candidate is certified by the psychotherapist that he/she has successfully gone through this phase, he/she may not move on to the next phase which is real practical training phase. The therapy period may last for between 6 months and many years. During the third phase, the candidate is then allowed under close mentoring and supervision to handle real clients. The sessions conducted are tape-recorded or video-taped and supervised by his/her trainers. Many hours of successful sessions of psychotherapy must be demonstrated before the candidate is certified as a psychotherapist of the respective school of thought.

The whole process of going through the three phases of training takes years (e.g. minimum of 4 years for Client-centred therapy, minimum of 5 years for Behaviour therapy, and minimum of 6 years for Psychoanalysis). Moreover, it is very cost-intensive. In addition to the training, one may still have to undergo certain forms of application and scrutiny before he/she is

given the license to practice as a "Psychotherapist" in the country/continent/world. For example, the World Council for Psychotherapy which is based in Vienna, Austria, demands such before one is given a certificate as a "World Psychotherapist".

Some of the founders of the World Council for Psychotherapy (WCP) have taken the training of psychotherapists a new direction. Before the 1990s, most of the training of psychotherapists were organised by the different professional bodies and outside the university system. All forms of psychotherapy training had three phases: the theoretical phase, the self-experience phase, and the practical phase. But in the mid-1990s, motivated by the need to make psychotherapy more scientific, and thereby also research based, a university was established in Austria, with a mandate to train students in Psychotherapy Science and related disciplines. Since then, one could study psychotherapy science at Diploma, B.Sc., M.Sc., and PhD levels in Austria. These training programmes brought a 4th component to the training of psychotherapist: the Research Component. Following this model, a trainee in Psychotherapy Science must now go through relevant theories, self-experience of psychotherapy, practicals, and research, thereby also widening their score for future profession.

Psychotherapy training in Nigeria

As already indicated above, to date, no full formal psychotherapy training programme exist in Nigeria (to the knowledge of the author) (see also Peltzer *et al*, 1989). Therefore, in collaboration with the founders of the World Council for Psychotherapy and the Sigmund Freud University, Vienna, Austria, efforts are being made to establish a training institution in Nigeria which will have Psychotherapy

Science as a niche area. The *School for Psychotherapy and Health Sciences* will start Certificate, Diploma, undergraduate and post-graduate programmes in the area of psychotherapy. These programmes took to the model that ensures well-grounding in relevant theories, self-experience of psychotherapy, practicals, and research. The school also gives the trainees the opportunity of choosing to be trained with emphasis on any of the major western psychotherapy schools of thought (e.g. Client-Centred therapy, Psychoanalysis, Behaviour therapy, Logo therapy, etc.), or on any of the afore-mentioned African originated forms of psychotherapy (e.g., Harmony Restoration therapy, Meseron Therapy, Ubuntu Therapy, or Culture-Centred Psychotherapy).

While still at the initial stage of being a school, graduants from the school will have the opportunity to continue their postgraduate studies in Austria. They can also register with the World Council for Psychotherapy (nationally, Africa-wide, and globally). They will be well-equipped to address the emotional problems of our people, no matter the type of client that comes for psychotherapy, and no matter whether the clients are in hospitals/clinics, refugee camps, rehabilitation centres, or in a setting of private practice.

Conclusion

Haven shown that there is scarcity of properly trained psychotherapists in Nigeria on the one hand, and that there is increasing incidence of emotional problems resulting from insurgency, terrorism, westernisation, urbanisation, stress-provoking life-styles, criminality and all sorts of abuse of human dignity on the other hand, we hereby call for call for urgent need to establishment of institutions for formal psychotherapy training in Nigeria. The establishment of the *School of Psychotherapy and Health*

Sciences (SPHS), which takes it lead from modern psychotherapy training programmes in Austria, is a move in the right direction. Students from the institution will be properly equipped with psychotherapeutic skills that will enable them to address the emotional problems of Nigerians, in whichever work-setting they find themselves. After completing a stage of study, they will also have the opportunity of continuing their training in Austria.

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