



**NIGER DELTA UNIVERSITY**

**INAUGURAL LECTURE**

**SIMPLE AS COUNSELLING BUT GREATER THAN MEDICINE**

**BY**

**PROFESSOR DAISY INYINGI DIMKPA**

NCE (ABU), B.Ed. (UPH), M.Ed. (Unilorin), PhD (Unilorin)

Professor of Guidance and Counselling

Department of Educational Foundations,

Faculty of Education

4<sup>th</sup> December, 2019

**SIMPLE AS COUNSELLING BUT GREATER THAN MEDICINE**

COPY RIGHT ©2019 Niger Delta University

Published 2019

ISSN:

All Rights Reserved

## **DEDICATION**

This Inaugural Lecture is dedicated to the Almighty God, my ever present help; my late Father, my wonderful mother, my husband, my children and grandchildren.

## TABLE OF CONTENTS

|  |  |
|--|--|
| Protocol.....  |  |
| Preamble.....  |  |
| <b>1.0 Introduction.....</b>                               |  |
| 1.1 Counselling and the Counsellor.....                    |  |
| 1.2 Need for Counselling.....                              |  |
| 1.3 Old School versus New School Counselling.....          |  |
| 1.4 Benefits of Counselling.....                           |  |
| 1.5 Some Types of Counselling.....                         |  |
| 1.6 Academic/Educational Counselling.....                  |  |
| 1.7 Career/Vocational Counselling.....                     |  |
| 1.8 Personal-Social Counselling.....                       |  |
| 1.9 Marriage/Family Counselling.....                       |  |
| 1.10 Rehabilitation Counselling.....                       |  |
| 1.11 Drug Abuse Counselling.....                           |  |
| 1.12 Occupational Counselling.....                         |  |
| 1.13 Health Counselling.....                               |  |
| <b>2.0 Counselling versus Medicine.....</b>                |  |
| 2.1 Role of Counselling in Overcoming Drug Dependency..... |  |
| 2.2 Coaching.....  |  |
| 2.3 Counselling.....                                       |  |
| 2.4 Therapy.....   |  |
| <b>3.0 My Contributions to Research.....</b>               |  |
| <b>4.0 Challenges of Counselling in Nigeria.....</b>       |  |
| 4.1 Socio-cultural Variables.....                          |  |
| 4.2 Secrecy.....   |  |
| 4.3 Suspiciousness.....                                    |  |
| 4.4 Belief in Magic Power/Juju.....                        |  |
| 4.5 Lack of Acceptance/Approval.....                       |  |

|                                 |  |
|---------------------------------|--|
| <b>5.0 Conclusion.....</b>      |  |
| <b>6.0 Recommendations.....</b> |  |
| <b>7.0 Acknowledgement.....</b> |  |
| <b>8.0 References.....</b>      |  |

## **PROTOCOL**

The Vice Chancellor

The Deputy Vice Chancellors

The Registrar and Other Principal Officers

The Provost, College of Health Sciences

The Dean Postgraduate School

Deans of Faculty

Directors of Institutes and Centres

Heads of Department

Distinguished Professors

Past Inaugural Lecturers

Heads of Administrative Units

Distinguished Academics and Administrators

My God-given Families

Respected Chiefs and Elders

My Distinguished Friends and Guests

Great Niger Delta University Students

Members of the Press

Ladies and Gentlemen

## **PREAMBLE**

Vice Chancellor Sir, today history is being rewritten as I have the unique opportunity of joining my colleagues before me to make my debut in this 37th inaugural lecture of this great and unique university of academic excellence and market place of scholarship. I consider it a great honour and rare privilege to do so before this wonderful audience. I am a bundle of miracles being also a product of counselling and its dividends. I understood from my mother that I was very frail and fragile as a child but got transformed by God to become strong, formidable and unshakeable believer in the mercies of Christ. Today, I stand confounding my parents' worse fears which was beyond their wildest imagination. Indeed, I confirm the scripture which says 'Not by might, nor by power, but by my Spirit says the Lord of hosts' (Zechariah 4:6), holds true for my life. Today, this child who was often in and out of school then for no justifiable reason is standing before you as a time tested and highly capable Professor.

I am deeply grateful for this once in a lifetime opportunity of being a professor to deliver this lecture, which is the first of its kind in Counselling in this great university. Counselling as a discipline have often been considered vague due to its numerous theories and techniques. However, by the end of this lecture a lot of these thoughts and opinions would be a thing of the past. In fact this may be the first time many in this audience will understand the essence and import of counselling. Although counsellors have remained unsung heroes over the years, they have been working hard in order to make people happier and more rational in their thoughts, attitudes and decision making processes both in academics and social life. Permit me to say at this point that counsellors work behind the curtains but the evidence of their work is seen in the open – the achievements recorded by individual students, married couples and the society at large are clear indicators to this.

Vice Chancellor Sir, colleagues, students, ladies and gentlemen, I stand here to declare that the counsellor has saved so many would be drug addicts, sexual perverts, social miscreants and academic dropouts and finished the work which medicines have failed to achieve. Accordingly, I chose to title this inaugural lecture 'Simple as Counselling but greater than Medicine'.

Over the years, I became my own counsellor having learnt to confront my fears. As a result, what medicine failed to do, counselling, faith and hope in God have done for me. Having spent my early

career years serving under my juniors especially while I worked as a secondary school counsellor, I developed programmes for the unit, conceived laudable ideas on the best way to administer school counselling, etc. Although I worked at the background to ensure its success, someone else always took the glory. However, I braced up to the challenge with the support of a liberal and kind husband and enrolled for a PhD programme at the University of Ilorin. Today, I have not only written a lecture by myself, but I am delivering same to an audience that in all respect is more superior to the one I left behind. Ladies and Gentlemen, enjoy the ride with me.

## **1.0 INTRODUCTION**

Vice Chancellor Sir, throughout the years of my pursuit of academic excellence, and being a consistent scholar having studied Counselling from my first Degree, Masters and Doctoral levels, I fully comprehend and therefore proclaim that the Counselling discipline is so embracing covering almost every other field of study- Medicine, Psychology, Sociology, Nursing, Social Welfare, just to mention a few. In my sojourn as a lecturer of Counselling, I experienced firsthand that some of my students left the course half way. When I sought to know what their problems were, most of them confessed that the study of theories of Counselling, Psychotherapy and Clinical Psychology was their nightmare. At least, I felt a relief knowing that it was not the teaching method, but the content, which put paid to the idea some people had that Counselling was for the low academic achievers.

All the problems of life, family, school, work, marriage, career, etc. are built around seeking for a successful adjustment and coping strategies. I realized that theories were very important as they were for explanation of behaviour and for selecting the right theory in solving behavioural/academic/social/health problems. They sometimes interfere with our relationship with others, and contribute to our success or failure. Therefore, in an attempt to make this lecture precise and interesting, I am going to concentrate on seven key areas as follows:

- i. Counselling and the Counsellor
- ii. Old School versus New School Counselling
- iii. Some Types of Counselling
- iv. Counselling Versus Medicine
- v. Role of Counselling in Drug Dependency
- vi. My Contributions to Research



- vii. Challenges of Counselling in Nigeria
- viii. Recommendations

## **1.1 Counselling and the Counsellor**

### **What is Counselling?**

Counselling is the service rendered to persons undergoing crises, and desiring professional assistance to become well-adjusted. It involves the counsellee – one seeking help and the counsellor, a professional whose duty involves assisting the individual to resolve such problems, orient and guide the person seeking help towards a goal (Willey & Andrew, 2011).

A lot of times people are weighed down with problems which they can hardly solve on their own without the intervention of others. When such problems are unresolved, the individuals experience tension which could lead to more serious developmental issues, in which case several counselling sessions may be needed before a solution surfaces. Counselling is therefore necessary for persons experiencing developmental problems as a result of their handicap which could be caused by biological or environmental factors (Willey & Andrew, 2011). These problems may include changes in the family system, conflicts in values, attitudes and morals, political problems and changes in work life.

Furthermore, counselling is described as a process of assistance extended by an expert in an individual situation to a needy person (Carl Rogers, 1961). The end result is that counselling leads to an individual's maximum development and growth. Vice Chancellor Sir, counselling is even more important in our present day because majority of students are confused, lacking a sense of direction, purpose and a sense of satisfaction which may lead to deviant behaviours. Therefore, adequate guidance and counselling is the only way for the youths to enable them achieve their goals of optimum academic, personal, social and career development. When counselling is between two persons, it is called individual counselling. On the other hand, if it occurs between the counsellor and a small group of persons, it is known as group counselling.

### **Who is a Counsellor?**

A counsellor is a trained professional whose main function involves helping a client to overcome his/her fears. The counsellor's role involves directing and guiding clients especially to resolve personal, social and psychological problems and difficulties. The counselor guides the client in exploring many aspects of their lives and feelings by talking openly and freely. This means that he or she analyzes the client's opinion and biases that may be potentially detrimental to the actualization of counselling. The trained counsellor is non-judgmental, does not offer advice but gives the counsellee the freedom of expressing difficult feelings such as anger and resentment in an atmosphere of confidentiality and trust.



**Figure 1: Counselling in Progress (Stage One/Initial Phase)**  
Client is confused and frustrated (Dimkpa, 2019)



**Figure 2: Counselling in Progress (Stage Two/Termination Phase)**  
Client is now happy and relieved (Dimkpa, 2019)

## 1.2 Need for Counselling

Individuals are faced with confusion and conflicts, without having an idea of how to go about them. Moreover, a lot of people are irrational in their reasoning, which makes them to believe in juju, anger of gods, pre-ordained forces, etc. When this happens, they become filled with negative thoughts and reacting in unusual ways. Africans in particular and Nigerians in general, as

commonly alleged, have the erroneous view that evil spirits may tamper with a woman's pregnancy to cause miscarriage. They attribute negative occurrences to others and positive ones to themselves. For instance, a woman who quarrelled with her neighbour the previous day and dies a day after, her death is naturally attributed to the woman that quarrelled with the deceased, who they believe killed her enemy by magical powers. The Yoruba people also hold firmly to the saying that 'Aje ke lano, omo ku loni, tani omope aje to ke lano lo pa omo? This is interpreted to mean 'The witch cried last night and the child died today. Who does not know that it was the witch that cried last night that was responsible for the death of the child'? Unfortunately, this thinking pervades all strata of the African society irrespective of whether those concerned are educated or not, simply because Africans have been orientated to believe so within the family.

Vice Chancellor Sir, I do not see how medicine can help such a person to overcome this erroneous belief. This is because having a quarrel with someone and dying a day later has no relationship nor scientific basis. It is just as simple as counselling, but greater than medicine. Counselling is the only way to disabuse the minds of people who are irrational in their beliefs to enable them imbibe correction. They need counselling intervention in the form of 'Rational Emotive Behaviour Therapy' (REBT). The proponent of REBT, Albert Ellis (1962) believes that individuals can be helped through this cognitive psychotherapy to resolve their behavioural and emotional problems. The aim of this therapy is in assisting them to lead happier and more fulfilling lives.

Similarly, Rotter (1966) developed the locus of control and attribution theory which explains how people perceive things happening to them as being under their own control (internal attribution) or due to outside factors (external attribution). In other words, attribution refers to the way people make causal explanations (Kelly, 1973). Locus of control is the belief one has to that which controls his/her behaviour. Individuals who are internal in their attribution, attribute causes to themselves, and those who are external attribute causes to others. Therefore, she reiterated that internal individuals take responsibility for their actions, whereas the external blame others for their actions. Vice Chancellor Sir, it was not surprising then that this researcher's doctoral research on attribution of maternal and infant mortality among working class women in Nigeria revealed that in spite of the women's level of education, majority of them (55.8%) attributed causes of maternal mortality to external forces such as witchcraft, juju; and (66.5%) of the working class women attributed causes of infant mortality to bad relatives, 'abiku/ogbanje' (Dimkpa, 1999). Hence, counselling is the only alternative required to disabuse their minds of such irrational belief.

Counselling is an important step to achieving personal, social and educational wellbeing. The aim of counselling is to make the individual better adjusted, happy, healthy and doing well in every area of his/her life. It is rated as the most important service enabling individuals to reduce the undesirable effect of stress. Counselling helps people to channel their pains, anger or resentment along productive lines. As a result, counselling enables the individual to relieve himself/herself of blocks, conflicts and emotional upset (Rakshand, 2018).

### **1.3 Old School versus New School Counselling**

In the old school counselling, advising was mistaken for counselling, and those who engaged in it were total in their decisions, not giving room for the client to choose for himself or herself. This is to say that the feelings and main concerns of the client were relegated to the background. The

advice which the adviser instructed was the final encounter with the client and it ends there without further consultation.

These are really helpful in the sense that words can set one to begin to open up and might change one's beliefs. The 'babalawo' or witch doctor could request one to cut his body or perform some rituals while the counsellor would follow up the issue by mere listening and making some little encouraging comments for more talk. Interestingly, traditional helping systems were preferred due to the culture of the people and their orientation. For example, in this system which still exists today, psychotherapy was replaced with 'babalawo'. In the new school counselling, this is being replaced by psychoanalysis, eclectic view, etc. Although this traditional system may be considered as archaic, we can still borrow ways such as incantations and the efficacy of words. It should be noted that counselling in the olden days were given by means of proverbs, idioms, adages, poetry and folklore. All persons that were in direct control of the old school counselling may be elders called to a round table conference who give the individual their verdict without minding the way he/she feels.

However with new school counselling, the counsellor is very much aware that the client's feeling is important and that his/her own position was to find the best way in which the client can channel such feelings and ideas to a more meaningful outcome to enable him function better in the society. Similarly, he/she does not impose his ideas and decisions on the client. Classroom teachers have also argued that counselling is as simple as telling a student the direction to follow, which still remains a challenge militating against referral of students experiencing turbulence to the right person trained to handle such matters.

New school counselling is however different from old school counselling. It was as a result of the numerous societal, family, educational, occupational and personal-social issues confronting humans that saw the emergence of the new school counselling. The idea was that problems handled by the expert may be easily resolved than not. In the new school counselling, the counsellor takes cognizance of the fact that no two people are alike, and their understanding may be related to their personal experience of the world. Therefore, the counsellor is careful not to impose his/her own idea of what they should do and how they should act. In so doing, the counsellor helps to reduce the client's confusion, allowing him/her make the right decisions leading to a positive change. This sort of counselling is effective because it is neither advice giving nor acting on someone else's behalf (which are the roles of a life coach/old school counsellor). This shows that problems discussed with a trained personnel have a greater chance of being solved than when shared with a novice.

New school counselling is purposeful and sequential, passing through four main processes or stages. This consists of the initial, exploration, formulation of an action plan and termination. The initial stage, consists of making the client relaxed, developing interest, and building confidence, seeking information and being an active listener. The counsellor talks less and listens more with gestures such as 'uh-huh', 'yes', 'go on', etc. This is quite unlike the old school counselling where the elder does all the talking while the client listens. In the exploration stage, the counsellor allows the client to express himself/herself orally while giving verbal encouragement and repeating statements of the client to check feelings. Exploration enables the counsellor to determine the cause of the client's problem. In the formulation of an action plan stage, the counsellor gives the client

room to explore possible solution among alternatives. Finally, the termination stage seeks to evaluate the steps and decisions arrived at by the client while trying to ascertain whether the client is happy as well as the counsellor assuring him/her to return at any time whenever the need arises. Vice Chancellor Sir, I doubt if the old school counsellor has the time to go through a process as orderly and productive as this.

Communication skills are key to modern day counselling. It is the process by which messages are passed from one person or group to another through use of mutually understood signs and sematic rules (Google.com, 2018). It involves communicative motivations or reason, message composition and message encoding. It also involves the information, the language as well as the education derived from it as depicted in the diagrammatic representation below:

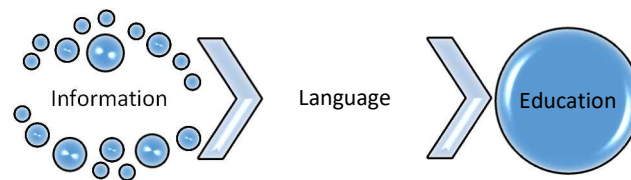


Figure 3: Process of Communication (Dimkpa, 2019)

The above diagrammatic representation expresses how the information passed across by the counsellor is decoded by the facial expressions of the client and what impact it makes for them to receive the intended message (education). Unfortunately, as with the old school counselling, the language and the expression/impression of the client carries little or no meaning for the person offering the assistance. Therefore, modern day counselling has come to correct this error, making counselling clients not only effective, but giving them hope and meaning for a good and lasting adjustment.

There are three key skills which the modern counsellor uses:



Figure 4: Key skills in Counselling, (Dimkpa, 2019)

By being an active listener, the counsellor understands better what the client is trying to say and responds appropriately. The tone of voice, body language, head gestures and all other non-verbal

cues are all important in new school counselling, which were not considered in the old school counselling. Both the verbal and non-verbal communication are important, although the non-verbal is thought to be more superior. This is in the sense that it allows the counsellor to read and understand the client's unexpressed thoughts through his/her facial gestures.

Vice Chancellor Sir, this is where the new school counsellor shows his/her expertise. I dare say that even the non-verbal communication is used more often than not in our culture; especially in communicating with members of our family whenever a stranger is around the home. It plays a role in the cultural upbringing of children and has been used extensively in marriage, school, church, workplace, social engagements, etc. For example, one of such non-verbal cues we use in the African culture is the 'head nod', which may mean different things to different people. While the head nod in the Nigerian context means approval, it is the other way round in some other countries such as Bulgaria and India where it could mean non-approval.

There are ten important communication skills/techniques that enables success in workplace counselling, and these are called attending skills, meaning the ways in which counsellors can be involved with their clients both physically and psychologically such as follows:

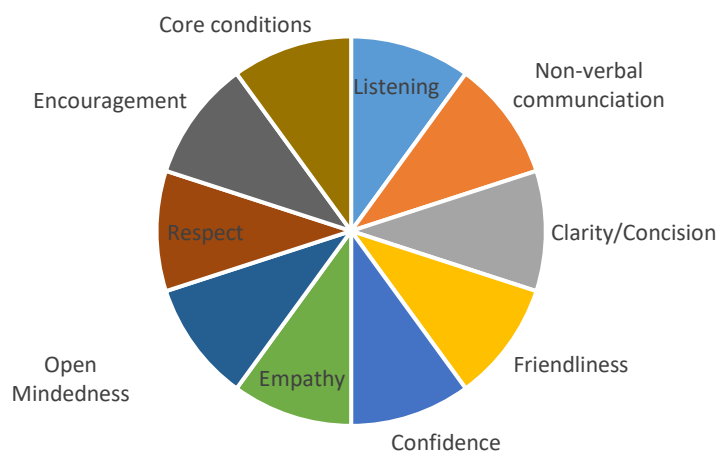


Figure 5: Attending Skills, (Florence, 2014)

As said earlier, listening helps the counsellor to draw out details which the client may not have shared. The counsellor would not interrupt the client but summarizes (i.e. capping) or repeat what he/she has heard, and observe the client's body language. This helps the counsellor to understand and interpret information that clients give them correctly (Florence, 2014).

According to Florence (2014) one of the best techniques that a counsellor should adopt includes probing/questioning, summarizing, integrating communication skill, clarification and proxemics. In probing, open ended questions gives the counsellor sufficient details. In using proxemics, the counsellor takes note of the body movements and verbal communication that the client exhibits – the body orientation in particular helps the counsellor to detect/determine the client's mood, feelings and reactions. In the case of the core conditions which are the essential traits that the counsellor should exhibit, it includes genuineness, warmth, and unconditional positive regard. All these information came through research of what humans need in helping them build a trust in the helper and in return relay their problems before the counsellor.

In most cases, couples, family members and significant others disagree, not because there is a major problem, but because we fail to understand the other person clearly. For example, what is the wife saying when her husband comes back home from work and she goes about her normal business without welcoming him? Unfortunately, most husbands do not give attention to this silent behaviour; and when this continues for long, there is a total breakdown in communication and the relationship. Vice Chancellor Sir, right from my childhood, I had taken notice of such silent but meaningful moves that wives made and to which husbands paid no attention. Women are a unique and special breed of human beings, and their concerns and worries should be given the attention they deserve. This is because of the important roles and positions they occupy in the family – as mothers, wives, baby-sitters, working class, home keepers, aunties, friends, sisters, etc.

May I at this juncture reiterate that as it stands in the world today, over 300million people are affected by depression, of which women suffer from depression more than the men (World Health Organization, 2018). Perhaps, women would not have suffered so much if their husbands had taken time to look at their direction rather than ascribe it to the biological nature of women. Words as it were are as important as the gifts we receive – ‘sorry’, ‘you look good’, ‘I love you’, ‘I don’t mean to say so’, ‘are you okay?’ are all therapeutic in themselves, far much more than taking medications. I believe some illnesses are more psychological than physical. An example using myself as a little child who could no longer see her father for several months, I became ill because the source of my joy was extinguished without any explanation. However, I recall that I became well again as soon as I heard that my father had asked us to rejoin him after the war. This is the once sickly professor standing before you today who has also developed a special interest in women simply because of the role my mother played during that period. Hence, my research interest in women education and training.

Counselling is not as easy as it seems because every day, individuals experience family emergencies, relationship challenges, career and health concerns. The surest and most effective way of intervening in these issues partly is the benefits an individual would derive from his/her ability to speak to someone, one-on-one; and this gives the individual strength, self-assurance and peace (Florence, 2014).

#### **1.4 Benefits of Counselling**

Counselling is very important in our day to day encounters, and the benefits a client stands to gain as identified by Florence (2014) are as follows; it makes a client to:

- feel more satisfied with himself/herself;
- feel more comfortable with his/her daily activities, and fulfilled in the world;
- feel more successful and happier on a regular basis;
- feel more relaxed with family members, spouse, or best friends;
- decrease stress at home, in the office or in relationships;
- improve in physical health by minimizing emotional anxieties and stressors;
- confront his/her challenges with a competent and compassionate professional counsellor;
- identify his/her purpose and develop new goals to be achieved;
- learn new behaviours and how to respond to others;
- evolve healthy and efficient ways of accomplishing goals;
- determine his/her own thoughts, feelings and responses;
- develop a healthy and friendly listening ears;

- feel relaxed about expressing any personal challenges or private concerns, and
- Work towards greater self-fulfillment.

In conclusion, as a well-trained counsellor, the bottom line is using the best intervention/counselling technique in encouraging growth in your clients as well as empowering them to create their own solution. In other words, it means not giving them the answers but empowering them with your counselling skills to find their own solutions (Online Counselling Programmes, 2019).

### **1.5 Some Types of Counselling Services**

There are various approaches to counselling groups of people, children, young adults, middle aged, aged and so on with different counselling methods, depending on their problems. It could be school related, family, friendship, health, etc. Siddiqui (2008) noted that services rendered differ according to target group; with the main objective of placing clients in a position where they themselves are capable of making qualified decisions. However, a bit more emphasis for the need of counselling is concerned with the stress that young people especially undergo in trying to identify which courses or jobs they are well suited for, and ways of attaining their goals. Therefore, guidance counsellors discuss different opportunities and schemes that may help them achieve success in training and employment (Siddiqui, 2008). Some of the specific counselling types are briefly explained below:

#### **1.6 Academic/Educational Counselling**

This type is concerned with helping students in making educational and career decisions. It is through educational counselling that staff and students are able to resolve outstanding negative situations and improve upon those that are positive. At all levels of the educational system, counsellors are trained to assist students and staff with advisory services which enables them to overcome their educational challenges. This includes healthy learning and student experiences, and in some cases may include home issue, grade issues, school concerns, neglect, bullying, student-staff conflicts, studies, course work, school and classroom stressors, etc. Others include consulting with parents and teachers to foster student access in academic programmes, school attendance and conflict resolution.

#### **1.7 Career Counselling**

This could be referred to as career guidance. This is a life-long process in which individuals are noticed right from when they were born, doing activities which may point to their future career. It is a very easy, but complicated area of one's life in which he or she must choose a career that best suits him/her. Career counselling focuses mainly on career exploration, career change and personal career development. It has a lot of questions involved which may unfold gradually as the individual continues with the counselling process

The above diagrammatic representation entails that several factors influence the choice of a career, ranging from one's interest, personality, abilities, values, background and circumstances. Career counselling therefore is a process which helps a person to understand himself /herself and the world of work in order to make useful career decisions.



### **1.8 Personal-Social Counselling**

This aspect is mainly concerned with individuals trying to understand themselves by sharing their problems, worries and concerns with the counsellor. Personal counselling, otherwise called individual counselling seeks support for crisis situations. Some of the difficulties which are social issues includes all forms of abuses-sexual, physical, emotional and verbal, anxiety and depression, eating disorders, grief and loss, loneliness, isolation, homesickness, lack of motivation, self-esteem and suicide, relationships with families, friends, partners and roommates.

### **1.9 Marriage/Family Counselling**

This refers to a series of encounter with families and couples aimed at helping them overcome relationship and behavioural challenges which occur within a marriage or family unit. This comprises series of issues related to divorce, separation, death, as well as mental health and communication problems. This aspect of counselling is usually handled by professionals trained in psychotherapy and family systems, and they usually diagnose and treat mental and emotional disorders; counselling here is aimed at working towards a stronger relationship in marriage.

### **1.10 Rehabilitation Counselling**

It is a unique area in counselling, and a process of bringing people who have emotional and physical disabilities come into the mainstream of their career/family so that they can function independently. These individuals had hitherto experienced certain developmental, mental and emotional disabilities. Rehabilitation counselling provides the patient with a better quality of life.

### **1.11 Drug Abuse Counselling**

This refers to a specific unit in counselling, which assists drug addicts to overcome their addiction. The process of drug counselling is a very intense one and may include various forms of treatment through addressing the physical manifestation of addiction, detox programme, partial hospitalization for severe cases with mental disorder. The rehabilitation counsellor ensures that recovery is key to enable the addict get back to work/school, having ensured that they are safe and free from alcohol and other related drugs.

### **1.12 Occupational Counselling**

This has to do with providing clients with relevant occupational information to enable them make effective career decisions. The way such information is obtained entails getting details about occupational and educational opportunities. It also involves knowing the occupational trends, supply and demand of labour as well as training opportunities. This process of getting information by the counsellor also helps to ensure that individuals select options that align with their interests, values, aptitudes and skills. It gives individuals a personal meaning for their overall development and clarification of a set of occupational goals (Edet, 2008).

### **1.13 Health Counselling**

This involves a process of providing students and other workers with confidential health services, which is aimed at keeping them active and healthy to enable them achieve their goals in the university. The aim of this basically is to enable individuals achieve work or academic success. The health counsellor works with the clients to overcome barriers, build resilience and promote wellness in the area of physical and mental health.

## **2.0 Counselling versus Medicine: The Missing Link**

In the Nigerian society today, much attention is not placed on the value of counselling to humans. Psychologically speaking, the use of modern medicine may not give answers to all health problems. This lecture is hinged on the premise that too much medicine itself makes people to become more sick and dependent on it. Sometimes it has resulted in irreversible health challenges. This is not to say that medicine is not helpful, but there are certain aspects of our health which can be resolved simply by counselling. A man may have all the money in the world and his wife may still be undergoing medical treatment for a problem that he has ignorantly brought upon his wife or vice versa.

Vice Chancellor Sir, I have worked as a secondary school counsellor right from when I started my career and have seen several cases. It may interest you to know that counselling is a very broad discipline and cases handled especially among students at the secondary school level where some of them are into cultism and exhibiting all forms of behavioural disorders which medicine is unable to treat, counselling was able to break the chains of slavery to such self-inflicted problems. It became very necessary to look at some predisposing factors to behavioural problems of the students. Why were most of them hooked on drugs, and what made many of them to become psychiatric cases? The answer lies within the family. This is because of the attachment that most children have with their mothers in particular. The family is the first school of the child and several psychologists have lent support to the fact that the home is the most important and significant place where the child must be properly socialized.

Counselling theories are important for explaining behaviour and with a background in Attachment Theory, it was easy to observe that when children in particular behave in a manner that is not expected of them, it becomes necessary to understand from the client how the problem came about in the first place in order for the counsellor to brainstorm with the client in identifying the cause before searching for the solution. Vice Chancellor Sir, I became aware that some of the academic and behavioural problems of youths today emanate from seeing their parents either fighting, separated or divorced. When fighting and quarrelling persists for a long time, the attention and concentration of parents are shifted from taking care of their children and providing their basic needs to their own personal problems. As such, and because the children are no longer experiencing parental love, most of them seek friendship from the wrong people and in the process, get mixed up in the wrong crowd. They perceive that facing rejection from another angle might make matters worse for them. My experience over the years proved that when such couples are counselled together, they sheath their swords and gradually with counselling their children, return to who they used to be. This is simple as counselling, but greater than medicine.

Several years ago, I became curious about marriages and relationships, and because I have witnessed several battering and violence meted out to wives by their husbands, I developed special interest in women. This may be because I am a woman and I have human feelings. A woman who is unhappy at home may sometimes confide in fellow women by telling them what inhuman treatment and suffering she encounters with her spouse. Unfortunately, such matters may be swept under the carpet when reported to the police and regarded as a husband and wife matter which should be settled at home. However, what they have failed to realize is that the matter may get worse and the woman may probably die or end up with depression, which is a serious neurotic problem. As soon as this occurs, she becomes an outpatient in a psychiatric hospital. This situation

may only require hugs, kisses and the words 'I love you'. These may be the drugs she requires to get well again. Is there anything that is as natural as this in modern medicine?

Sickness that has to do with emotional trauma sometimes comes from our irrational thinking and attitudes towards issues. Unfortunately too, matters are allowed to linger for too long in which we end up paying a lot of hospital bills for the woman to load her system with synthetic drugs. These may treat the psychological symptoms, but leaves some side effects without getting into the root of the problem. This should never have happened if the right steps were taken in seeking early counselling intervention. For example, depression is causing a lot of emotional breakdown in marriages and relationships, and the sooner we recognize it the better for having a happy relationship with families and friends. As rightly observed, counselling is aimed at helping the patient to visualize the specific situation and discover the proper potential in dealing with the conditions of disease in order to promote a better quality of life (Radoja, 2015).

Counselling theories explain behaviours of humans and because of this, several people undergo therapy to resolve their emotional imbalance. One of such theories which tacitly explain people's behaviour is the 'Rational Emotive Behaviour Therapy' (REBT) of Albert Ellis (1962). It explains that the attitude of most people stems from their irrational thinking and belief system. As such, people can become rational again by simply changing their thought processes. According to Whitbourne (2015), what medications can't do for your mental health, psychotherapy can. For example, psychotherapy is indeed an effective treatment for a wide range of psychological disorders. Unfortunately, the average person seeking help has ended up with psychiatric drugs rather than psychotherapy (Whitbourne, 2015). This is the reason we are an overmedicated world as far as psychological disorders are concerned. In driving home this assertion also, several people seeking treatment for depression and anxiety disorders prefer pharmacological to psychological interventions by a ratio of 3 to 1 (Mchugh, Whitton, Peckham, Welge & Otto, 2015). It is also frustrating to learn that drugs are presented to a patient without explaining all the options available. The patient may then have to explore free online service providers sometimes to know the drugs that have the greatest evidence based effectiveness. This is not the case in counselling which provides clients with options as well as the shortcomings of various options before the client decides on a particular one. Counselling therefore takes care of a person's physical, emotional and psychological health free of charge without any side effects.

## **2.1 Role of Counselling in Overcoming Drug Dependency**

Modern day living has become so complex and there is hardly anything that does not require counselling. We must discuss, talk about issues to free our emotions so that we can function properly in our families and the circular world. This is the reason therapy, counselling and coaching can be a mystifying process (Sheff, 2017). While therapy is designed to uncover and heal old psychological feelings, medicine treats mental illness with therapy called 'analysis', but with the advent of psychotropic drugs. However, such drugs used in the treatment of anxiety are addictive and create drug dependency and this addiction becomes a torment to the patient, causing unbearable physical pain (Heitler, 2017). Although many physicians prescribe a pill to make the patient calmer, non-pill methods help all but the most chronic extreme cases.

Vice Chancellor Sir, counsellors rely on talking as a means of therapy which allows the client to relive old experiences which ultimately gives a lee way to obtaining the desired assistance from the counsellor. Information is key to reversing emotional disorders and one of such methods used by the counsellor is the Cognitive Behavioural Therapy (CBT). This behavioural approach reduces

anxiety, and has been used to clarify thought patterns such as worrying that makes anxiety to increase (Heitler, 2017). The CBT therapist then teaches the patient new alternatives to avert future anxiety occurrences. In summary, counsellors help the clients to detect the main issues causing their anxiety, and assists them to work out ways of solving their problems, while giving the clients an opportunity to make their choice. This method dissipates the client's anxious feelings. Heitler (2017) identified several non-pill anxiety treatment options as follows:

- psychotherapy;
- couples or family therapy- if the stressful situation is occurring in marriage/relationship;
- emotion code therapy;
- Cognitive Behavioural Treatment;
- mindfulness training;
- emotional freedom technique;
- visualization (self-help technique);
- deep relaxation; and
- Eye Movement Desensitization and Reprocessing (EMDR) to release impacts of prior trauma which Emotional Freedom Techniques (EFT) also does.

Furthermore, he analyzed four simple steps to overcoming anxiety:

- i. Look squarely at a problem that has triggered anxious feelings.
- ii. List all the concerns that come to mind as you think about the problem.
- iii. Gather further information about it as needed
- iv. Create a plan of action for dealing with the situation more effectively.

Vice Chancellor Sir, following this problem-solving sequence, a client is encouraged to talk with a friend or relative about the problem, because two well informed persons are capable of developing better strategies for resolving difficult problems. The bottom line is to encourage clients to be in control of their evolutionary process. Although there are similarities among the terms –therapy, counselling and coaching, the differences are also remarkable as seen in the clarifications below.

## **2.2 Coaching**

This aspect is tailored towards personal growth, goal attainment and a change in behaviour. Coaching happens to be the least of the three practices, because some coaches simply decide to share their coaching services with clients, while other clients pay to attend training programmes and become certified by some organizations. Some coaches provide information, guidance and advice based on their expertise. Some coaches are involved with helping clients in relationships fit into certain aspects of their relationship by accomplishing their interest either in sex, management of emotions and so on, for which the coaches help them develop strategies for improving communication skills, conflict resolution, as well as managing emotions such as jealousy and anxiety. However, although coaching can address emotional issues, it is not well suited for discovering or treating the emotional roots of behavior (Heitler, 2016). Therefore, the counsellor's roles can be best summarized as counselling, consultation, coordination, case management, guidance curriculum, programme evaluation and development and programme delivery.

## **2.3 Counselling**

This is a profession that involves a wide range of practices and professionals. It deals with school students, career seekers, bereavement and couple crises. Counsellors in most cases specialize in either specific population or type of issue. A lot of methods can be adopted in counselling, from simple talk therapy or gestalt to other specific types of assistance ranging from job searches to resume development or combine with a specific psychologist. Counselling is usually best for people who want to focus on a particular topic. It is simple, no money or fee is required; timing flexible and the client is able to address several issues in a few sessions. Ultimately, counselling enables people to learn new skills and coping strategies. Vice Chancellor Sir, it is worthy of note that out of the four approaches to read disease, namely the counselling, medical, psychological and socio-cultural, the counsellor was described as a multifunctional figure in health care, with duties beyond the ordinary which also includes analyzing the relationship between (doctors, nurses, technicians) and patients with the goal of improving their interpersonal relationships, and preventing burn out of the professionals (Radoja, 2015).

## **2.4 Therapy**

This is an option in psychotherapy, which deals with uncovering and healing old psychological and emotional wounds, giving rise to persistent difficulties in people's lives. Initially, psychiatry used analysis as a therapy in mental illness. However, with the arrival of psychotropic drugs, psychiatrists now focus primarily on diagnosing mental illness and distinguishing it from other physical issues. Therefore, talk therapy was introduced by psychologists who are trained in evaluating and treating mental and emotional disorders (Sheff, 2016). In view of this, marriage and family therapists as well as licensed social workers also provide therapy. This sort of method is good for people who wish to address the emotional and psychological roots of their problems, heal the past trauma and create new ways to deal with life that supports improved self-esteem and mental health (Sheff, 2016).

## **3.0 My Contributions to Research**

Literature has shown that women studies is a field which draws on feminist and interdisciplinary methods, placing women's lives and experiences at the centre of study while examining social and cultural constructs of gender (Yousaf & Schmiede, 2017). My journey into women studies evolved from my experience during my six weeks internship in Ward 7 of the Teaching Hospital in Ilorin, Kwara State as a Clinical Psychology student. I was undergoing training for identification of behavioural abnormalities manifested by patients undergoing treatment for neuroses and psychoses. It was from here that I realized that most cases attributed to mental health could just be a matter of counselling if only we are patient to go down memory lane with the affected and their family members. To this end, instead of the palliative drugs which wears off after a while, a patient may make a full come back with series of counselling sessions.

Vice Chancellor Sir, I also chose women because of the peculiarity of their psychotic illnesses which sometimes spring up after child birth. Secondly, my interest in this area which shaped my focus was what I witnessed some years back, when a female friend of mine was sick and medicine was not able to resolve her problem of depression until when she was taken back memory lane, after all medical intervention failed. My interest in women is further heightened by the desire to understand their peculiar problems, especially from a counselling point of view.

A lot of times, women suffer not because they have committed a criminal offence against the laws of the society, but because of their gender, and the position bestowed on them by society. Experience has shown that some of the injustice women encounter especially in the Nigerian society leaves them with fear and anguish, to the extent that they do not have control over their own bodies, and all this is aggravated by the culture of silence in which a woman must not speak out. When this continues, sickness, depression and severe emotional trauma becomes the after effect due to the oppression, systems of privilege and relationships between power and gender. In the world today, the experiences women are faced with differs with their identities and social locations such as race, sexual orientation, socio-economic class and disability (Shaw & Lee, 2014).

Given the importance placed on women, women studies courses are offered in over seven hundred institutions in the United States, and globally in more than forty countries (Berger & Radeloff, 2015). Also, such women courses cuts across women in economy, reproductive and environmental justice and women's health across the lifespan. Vice Chancellor Sir, counselling in Nigeria has extended its studies to the frontiers of women in every area one can think of – women in purdah, women in prison, women in reproduction- maternal mortality, women in bereavement, women in marriage and remarriage, women's use of drug, women in politics, women in the industries, in education among others (Berger, 2015).

A major concentration of my studies on women covers virtually all aspects of their lives. A few of such studies which addressed the aforementioned areas are highlighted below.

**a. Women Assessment and Education**

- My research on counselling and girl-child dropout phenomenon in the Niger Delta Areas of Bayelsa State found reasons for the high incidences of the girl-child dropout, notably early marriage and parents' belief in a male child to perpetuate the family. The consequences of poor educational attainment of the girl child included high rate of poverty, high risk behaviour resulting to the contraction of HIV/AIDS, among others (Dimkpa, 2009).
- A comparative study of the vocational interests of students of Working-Class (WKCL) and Non-Working Class women in Rivers State was conducted. The outcome indicated that students whose mothers were working and those whose mothers stayed at home were different in terms of their Outdoor, Computational and Persuasive interest areas on one hand, but were similar in Mechanical, Scientific, Artistic, Literary, Musical, Social Service and Clerical interest areas. The male students of the two groups, that is (WKCL) and (NWKCL) mothers were the same in all the interest areas except in the Scientific. However, the female students of (WKCL) and (NWKCL) mothers were only significantly different in terms of the Outdoor and Literary vocations, but similar in the Mechanical, Computational, Scientific, Persuasive, Artistic, Musical, Social Service and Clerical areas (Dimkpa, 2010a).
- In this research seeking to find out reasons related to poor academic performance, using 201 student nurses in Bayelsa State School of Nursing, Nigeria. Results showed that the respondents had problems ranging from too many assignments, parents' inability to provide their textbooks and basic needs, lack of library and internet facilities and students'

their poor understanding of science subjects, etc. Statistical significant differences were observed on the basis of the class levels of the respondents.. Counselling services were recommended (Dimkpa &Inegbu, 2013).

- Since literature on women academics' research behaviour was scanty, this study using 91 women academics from the Niger Delta University, Bayelsa State, evaluated their research preference, sources where they obtained research materials and their challenges. We found that women academics preferred the descriptive survey and experimental research type, and obtained research information in the order of importance, from conference materials, internet, journals, text books and professional/technical reports. On the average, the respondents published between 4-6 papers in a year. The respondents were not significantly different in their research behaviour and preference by basis of type of Faculty (Dimkpa & Mbachu, 2014).

#### **b. Women in Reproduction**

- Another study on knowledge and attitudes of urban women towards modern contraception in Port Harcourt was investigated. Results using 400 married women from the University of Port Harcourt Teaching Hospital indicated that they were not favourably disposed towards modern contraception, the respondents' knowledge of the types available was poor, having knowledge of only three out of eleven, namely the pill, IUD and condom. Majority of the respondents believed that modern contraception had a lot of negative side effects (Dimkpa, 2010b).
- In a study of the psychosocial adjustment needs of menopausal women using 623 women selected from Federal Medical Centre in Yenagoa, the findings for health support was noted to include desiring improvement in sexual relationship with their spouses, overcoming wrinkles, eliminating menopausal symptoms, obtaining fertility treatment and reducing premature aging. In terms of their social support needs, they desired attending functions, sharing concerns and obtaining encouragement from their spouses. There was no significant difference in the respondents' psychosocial adjustment needs on the basis of marital status, educational and socio-economic levels. However, significant differences were observed based on religion (Dimkpa, 2011a).

#### **c. Women in Economy/Workplace**

- In this study, as a result of the changing world of work as well as women's contribution to assisting their spouses financially; many of them have engaged in all forms of trade. The evidence from this research proved that they were faced with challenges such as poor working environment, lack of facilities for nursing their babies, sexual harassment among others (Dimkpa, 2006a).
- In view of the quality of marital relationships, this study analyzed women's personality characteristics and occupational choice in relation to marital instability: It submits that marital instability may result from the effects of occupational stress, non-flexible job

choices of women, socio-economic factors, infidelity, among others. It emphasized the need for women to apply reality therapy in their choice, while employers adopt the use of personality tests in determining the personality characteristics of the women in order to ascertain their suitability for particular jobs (Dimkpa, 2011b).

**d. Women's Health Status**

- The study on attributions of maternal mortality by women from high and low socio-economic status in Southern States of Nigeria using 893 women found that majority of the women were external in their locus of control and attribution of maternal mortality, and those who were of high and low income levels were similar (Dimkpa, 2005). Hence, counselling intervention was recommended in order to educate the women on scientific rather than superstitious beliefs about the causes of maternal death.
- HIV/AIDS pandemic was particularly worrisome especially because literature suggests that it affected the women of reproductive age more. Hence, this study examined the social support systems of HIV/AIDS rural women, using .81 purposively selected infected women from the outpatient ward of five selected Local Government Areas in Rivers State health facilities. The results revealed that the highest care giver roles the patients received were from relatives, churches, family and the NGOs. However, the care giver roles with less impact came from their spouses, health care workers, friends and neighbours (Dimkpa, 2011c).

**e. Violence Against Women**

- Since violence against women is common place, a study by the researcher with 186 women selected from the maternity wing of the University of Port Harcourt Teaching hospital indicated that financial/economic issues were the major causes of wife battering, followed closely by personality factors (Dimkpa, 2007).

**f. Women in Marriage and Family**

- The knowledge that several women were marrying late gave birth to this study. Causes of late marriage were identified as infidelity by male partners, materialism, cost of marriage rites, cultural/ethnic attitude and education/work pursuits. In terms of its effects, female fertility, hormonal imbalance, irregular menstruation, and frequent miscarriages were indicated (Dimkpa, 2010c).
- In view of the instability in marriages in recent times, another study was carried out using 52 married women in the Faculty of Education, University of Port Harcourt. The study was on the effect of marital counselling on women's attitude towards marital stability. It found that there was a significant difference between the experimental group's mean scores which was higher than that of the control group. This revealed that marital counselling had a significant effect on women's attitude towards marital stability. (Dimkpa, 2010d).



- The study on marital adjustment roles of couples with adopted children involved 110 couples from two children orphanages in Port Harcourt. The result showed that the couples were well adjusted to their roles in terms of communication, cohesion, consensus and showing affection. However, they were dissimilar in terms of accepting to adopt children and disclosing to family and friends that their children were adopted, among others (Dimkpa, 2010e).
- This study sought the perceptions of 200 couples on family stress in Ilorin Municipality, Kwara State. The respondents were different in the way they perceived family stress. This difference perhaps was compounded by the very busy lifestyle of the females who were charged with household responsibilities. It further showed that unemployed couples differed from the employed (Dimkpa & Wilcox, 2010f).
- In a study using 200 women selected from public and private secondary schools and the Ministry of Education in Port Harcourt, investigated differences in family stress by age. The result showed among others that stress within the family was perceived differently by basis of the respondents' age; and the older women differed from the younger ones in this regard (Dimkpa, 2011d).
- Affective Dispositions of Working and Non-Working Class Women towards Remarriage in Yenagoa L.G.A of Bayelsa State This study which was conducted with a sample of 382 women (208 working class and 174 non-working class) women showed in part that the major reasons for remarriage was due to increased women education as well as their inability to take care of their children alone when their husbands died. It further revealed that both the working and non-working class women perceived that a major consequence of remarriage was the poor academic performance of the children taken into remarriage (Dimkpa, 2012a).
- The study on parental marital history as a predictor of marital success/failure among women in Rivers State, Nigeria was carried out using 377 educated women in Port Harcourt Municipal area. The study found a significant positive correlation between parental marital history and success/failure of marriage. In other words it found that parents' marriage failure/success could be a determinant of the failure/success of their children's marriages in the future (Dimkpa, 2012b).
- In the course of research, the issue pertaining to role reversal between married couples came to the front burner. We discussed our perspectives on female household headship in Nigeria. The study analyzed women's roles in terms of human psychology, social learning and empowerment/feminist theories. It also looked at some factors responsible for women assuming household headship such as poverty, increased education, and loss of employment by the men, women's higher earning power, single parenthood, widowhood, separation and divorce. It concluded by highlighting some counselling implications in the light of sustainable African culture. This involved counselling women who may have

relegated their husbands to the background, with the recommendation that the Rational Emotive Therapy technique should be applied by counsellors in trying to assist the women better (Dimkpa & Wilcox, 2016).

**g. Women in Politics**

- This study sought the perceptions of women on factors responsible for their low participation in politics in Port Harcourt, Rivers State, using 132 married and 78 unmarried women. The result shows that in ranking order they included lack of finance, poor self-image, religion, socio-cultural attitude and poor education (Dimkpa & Wilcox, 2008). It further showed that women were their own enemies as they get to top positions in politics and fail to support their fellow women interested in vying for political positions due to selfishness.

**h. Women Incarceration**

- Women, like their men counterparts also get involved in criminal activities. Unfortunately, due to the news on print and social media, the number of women inmates are on the rise, and this study investigated the plight of women inmates in Rivers State, Nigeria. The participants comprised 51 inmates from three prison locations in Port Harcourt. The respondents included pregnant, nursing mothers and non-pregnant women. Results showed that the respondents' major problems were in terms of physical care, emotional/health, vocational and social concerns. It further showed that older and younger were inmates different in their perceptions of their challenges on one hand, while they were not significantly different on the basis of status due to their unique challenges and experiences. It concluded by recommending the establishment of Prison Counselling Centres (Dimkpa, 2011e).

**i. Women's Rights**

- Given the fact that women's rights have become a global issue especially when they are widowed, a study was carried out using 300 widows in Port Harcourt Local Government Area of Rivers State. It found that 68% of the respondents were dissatisfied with the way their families handled their rights to own property. The respondents were also different in their perceptions by basis of age and educational level (Dimkpa, 2006b).

#### **4.0 Challenges of Counselling in Nigeria**

Some of the major challenges of counselling in Nigeria includes the following:



Figure 6: Major Challenges of Counselling in Nigeria, (Dimkpa, 2019)

There are some major challenges of counselling in Nigeria as highlighted in Figure six above. These include socio-cultural variables, secrecy and suspiciousness, belief in magic power and juju, as well as lack of acceptance/approval. These are briefly discussed below.

#### 4.1 Socio-Cultural Variables

In most cases, Nigerian clients are known to be reserved and this act is related to the nature of their socio-cultural premise. For example, self-disclosure is a major issue among Nigerians. Self-disclosure in interpersonal communication may be greatly influenced by one's cultural value orientation (Bojuwoye, 1986). Therefore, socio-cultural premises to a very large extent influences the behaviour of individuals. As such, most people are not willing to seek counselling,

#### 4.2 Secrecy

This is related to the attachment that individuals have to their families. Nigerian clients feel that they owe their family a duty not to divulge family secrets. This is as a result of their indigenous character of trying to cover up issues which are regarded as 'top family secret'. Hence, since they grow up in the family, there is a part to play by family members in offering advices and in decision making. Moreover, Nigerians are afraid to give out information about themselves for fear that such information will be used against them.

#### 4.3 Suspiciousness

The Nigerian tradition supports suspicion in that it is exhibited in families. For example, children born into Nigerian homes have been orientated to believe that they should not eat in their neighbours' houses for fear of being poisoned. It is this suspiciousness of clients that is responsible for their uncommunicativeness. Unfortunately, uncommunicativeness in addition to avoidance of self-disclosure intensifies the problems inherent in an attempt to apply modern counselling.

#### **4.4 Belief in Magic Power and Juju**

One problem in the African tradition which assumes serious dimension is the prevailing belief in magic and the supernatural power of divination. They rely heavily on the suggestive power and effectiveness of the healer. This is due to their belief that the healer often communicates this power through ‘direct commands’. Hence, under this situation, the introduction of self-analysis will be futile.

#### **4.5 Lack of Acceptance/Approval**

As it stands today, some people still do not understand that the counsellor is performing a special function. This is because of their thinking that advising is simple, and they have been doing so for ages. Unfortunately, people who have such notion may not value modern counselling. Moreover, Nigerian clients have been brought up to respect the elderly people in the society. Therefore, they prefer taking their problems to the people that matter in the society. For example, teachers, principals, chiefs, household heads, etc. Similarly, cooperation among student support service providers especially in Nigeria makes it even more difficult for the students to achieve greater success in their pursuit of education. In an institution, this area is clearly ignored for what may be considered as lack of understanding. However, this should have been an advancement in best practices as we develop as a country.

#### **5.0 Conclusion**

The gains of overcoming drug addiction, emotional trauma, cognitive imbalance, sexual difficulties, family instability, health challenges as well as broken relationships and even suicide, all have their root in what we call ‘talking therapy’. I submit therefore that effective counselling using the right therapy and skills – encouragement, interpretation, listening, questioning, confrontation and so on would help to restore most of the issues in marriage, academics, relationships, work life, etc that we are faced with in Nigeria. Although the government through its policy on education realized the need for counselling especially as it relates to helping the students at all levels of our education system, our culture of secrecy is robbing most people of the gains of counselling. However, it is heartwarming to inform that there are several counselling clinics today in Nigeria, and people are becoming more accepting of the services rendered by counsellors which have made them better adjusted to academic, family and work life. On the global scene, universities in the developed countries all have counselling Centres, and these Centres are well equipped. Counsellors in such countries offer testing services using psychological test tools in almost all areas of an individual’s life, be it academic, career or social, etc. It is my humble submission therefore, that referral is an important aspect of a counsellor’s work. I am therefore ending on this note Mr. Vice Chancellor Sir, that where all other forms of diagnoses and treatment fail try counselling. It is simple, but offers great relief.

#### **6.0 Recommendations**

Vice Chancellor Sir, in view of the foregoing, I hereby make the following recommendations:

1. Talking therapy is good medicine in an atmosphere that is ideal and quiet. Some health challenges may sometimes be psychological especially when several medical tests carried out on a patient does not indicate any abnormality.
2. As a result of the first recommendation, a well-equipped Counselling Centre is necessary in all medical/health facilities in Nigeria, with a trained counsellor to oversee the affairs.
3. A synergistic working cooperation between sciences and counselling is strongly advocated to bring about a balance in the health and psychological challenges faced by people on a daily basis.
4. Arising from the preceding recommendation also, and as a result of having various professionals in the university offering support to the students, the importance of networking and collaboration among the practitioners should be encouraged for the best interest of the client/student.
5. Treating an ailment based only on physiological test result may prove incomplete without taking care of the emotional aspect which brings about complete healing physically, emotionally and mentally.
6. An awareness campaign becomes necessary in order to educate the masses in realizing that problems creep in slowly and could be a buildup of emotional and family issues resulting into individuals withdrawing from normal interaction with family and friends.

### **Future Research Focus**

Vice Chancellor Sir, my next line of action would focus on carrying out a research aimed at finding out or comparing the experiences of patients who attend both the Counselling and Medical Centres in Nigeria, with the aim of finding out the impact such services have on them.

## Acknowledgement

I am seizing this opportunity to thank the Lord who does all things well. He is the author of knowledge and wisdom, the one who is forever faithful, and my sure foundation. He took me from nowhere and made something beautiful out of my life. I owe Him all that I am and will ever become.

I am grateful to my Vice Chancellor, Prof. Samuel G. Edoumiekumo for his consistent prodding and encouragement, which has resulted in my delivery of this lecture. May the Lord reward the labour of your hands. Others in this category include the Deputy Vice Chancellor (Administration), Prof. Donbebe Wankasi and the Deputy Vice Chancellor (Academic), Professor Allen A. Agih, who has always been an encourager and inspiration to me, the Registrar, Mrs. Effua Berepubo FNIM for her support. I also remain indebted to the immediate past Vice Chancellor, Prof. Humphrey Ogoni, for his support, and the Principal Officers, among whom are the Bursar, Mr. Seth Tueridei FCA, the Librarian, Dr. Joyce C. Oyadonghan and the Auditor, Mr. Yalah Bolou.

I also remain grateful to Prof Osarome Tawari, former Dean of the Faculty of Education and the immediate past Dean of the Postgraduate School, who is my mentor, friend and great encourager, beloved sister and a woman with such an infectious and unparalleled intelligence, who spends her time in building up younger Faculty members. She has become an enigma of everything good and beautiful. May God reward and bless you richly. Similarly, I also appreciate my very good friend and beloved sister, a unique woman, full of wisdom, the former Dean of Student Affairs, Prof. Comfort C. Zuofa, who has consistently encouraged me to take up this challenge, which gave me the boldness to come up with this lecture. May God bless and reward you. I wish to also acknowledge the first Vice Chancellor of this great university, Prof. John C. Buseri, for his encouragement and concern in my welfare. Others include former Deans of the Faculty of Education namely Prof. T.T. Asuka, Prof. Akpoebi C. Egumu and the current Dean of the Faculty, Prof. Agnes E. Maliki for their cooperation.

I equally acknowledge the roles played by other colleagues in my Faculty, ably led by my immediate past Head of Department, Prof. Blessing N. Igwesi. Others include Prof. A.A. Adeyinka, Prof. Chukwuma N. Ozurumba, Prof. Jonathan E. Oghenekohwo, Prof. Nnenna N. Benwari, Dr. Koku K. Obiyai, Dr. Japo O.M. Amassuomo, Prof. Comfort E. Mbachu, Dr. Johnson E. Maciver, Dr. Fabainmine G. Paulley, Dr. Theresa Dorgu, Dr. Ruby Offrey, Dr. Augustine O. Orubu, Dr. Mark B. Leigha, Dr. Righteous. Arikawei, Dr. Tony Ganagana, Dr. Patrick Oladunjoye, Dr. Nanighe Major, Dr. Ekima Frank Oputu, Dr. Joy Akporehwe, Mrs. Stella Wellington Jaja, Dr. Victor Torubeli, Dr. Ibebiei T. Offor, Dr. Janet Kebbi, Dr. Preye Okodoko, Dr. Irene Berezi, Dr. Iniye Wodi, Dr. Nelson Bunu, Dr. Philip Ikiyei, Dr. Davidson Numonde, Dr. Veronica Amatari and Dr. A. Enekeme.

I wish to acknowledge other colleagues of mine who are part of my success story. They include Dr. Young Torunariagha, Dr. Adata Diepribo, Dr. Justina Zalakoro, Dr. Meshach Muruwei, Mrs. Mary Allen Agih, Dr. Joy Hamilton Ekeke, Dr. F. Umoh and Mr. Gabriel Okpana. Other colleagues in my Faculty to be recognized include Dr. Adaku Achilike, Dr. Paul Igbongidi, Dr. Festus Akpotohwo, Dr. Theophilus Ehimen, Dr. Ebi Nemine, Dr. Comfort Surveyor and Miss. Juliet Oyadongha.

Others include the non-academic staff of the Department of Vocational and Technology Education who worked hard to ensure my success while I was their Acting Head of Department, Mrs. Ere Okiakpe, Mr. Thank God Apiapia and Mrs. Timilaemi Kobon. I also acknowledge the staff of the Counselling and Human Development Centre where I am currently the Director, namely Mr. Itimi Zidiegba and Mr. Dutorusin Ogede for their cooperation.

May I also appreciate other colleagues and friends who mean so much to me, and have encouraged me a great deal, including Prof. B. Nodu and Dr. Folashade Sulaiman. Others from KIU, Uganda, where I served my sabbatical leave include the Vice Chancellor, Prof. Mouhammad Mpezamihingo, Deputy Vice Chancellor (Academic), Dr. Annette K. Kasimbazi as well as the former Director of Academic Affairs, Associate Professor Ijeoma Anumaka. I am grateful for all the support they gave me which made me comfortable.

My respect and thanks go to my teachers who impacted so much on me in my secondary school days, they include Late Reverend Sister Patricia Moloney, Reverend Sister Marie and Reverend Sister Shiela. Others who were my lecturers and who made significant impact in my life while undergoing my doctoral education includes Prof. Sunday Harrison Umoh, Prof. Alfred A. Adegoke and late Prof. Aize Imuoukhon-Obayan, the former Vice Chancellor of Covenant University, Ota Ogun State, Nigeria.

I appreciate my wonderful siblings, for showering so much love on one another, especially for the closeness and unity which has become the envy of all that know us. In this respect, let me thank my younger brother, the heir of the Micah Ibifuro family, Amasenibo (Barrister) Christopher Tamunobarabinye Green –the motivator, my strong supporter, lover of God, intelligent and highly resourceful, an encourager and above all, an extremely kind and selfless brother who prefers to go hungry than see any of his siblings suffer. Thank you so much for the glory and respect you have brought to the family.

In the same vein, I also thank my other siblings, Ms. Joy Abienimibofori Green, my mother's first child, hardworking, friendly and dedicated in all her endeavours. Also, Mrs. Edith Dipiri Green, our chief adviser, Deaconess and Chief Nursing Officer, a bridge builder par excellence. My younger sister, Dr. Lydia Amonia Wilcox, the one whom the Lord has used to bring us to Christ at a very early age, caring, intelligent and diligent in her pursuit of education which has enabled her to obtain the doctorate degree. May I also acknowledge my 'twin' younger sister, soft spoken, creative and a good writer and pace setter in the fashion industry, Mrs. Nengi Kelly Charles for her sacrificial love and encouragement. Finally, let me thank my mama's last born. Dr. Franklin Tamunoyowuna Green, a medical doctor of repute, hardworking and intelligent not just in the field of Medicine, but has carved a niche for himself as an astute writer, commentator and critic with an impeccable grammar, whose versatility goes beyond his calling. You all deserve a pat on the back for your support and prayers. May the Lord continue to bind us with cords that cannot be broken. Thank you all for always calling and following up on me.

May I also salute my very dependable brothers' and sisters' in-law for their sacrificial love and interest in my progress, they include late Pastor Dipiri Green, Pastor David Wilcox, Mr. Kelly Charles, Barrister Millian Christopher Green and Mrs. Abubele Franklin Green. Thank you all for

your wonderful care and unity. Your contributions and cooperation in the family cannot be quantified. Similarly, I thank my mother in-law, Madam Roseline Dimkpa for her care and prayers.

I remain indebted to my aunties and uncle, Ms. Lilibeth Dublin Green, Ms. Afagha Dublin Green and Warisenibo Elliot Dublin Green. Thank you so much for keeping faith with me and for your usual support and encouragement at short notices. May the Lord bless and reward you all. Furthermore, I appreciate my cousin, Mr. Owusibo Allison and his brother, late Captain Gogo B.S. Allison for always standing by us whenever the need arises. Last but not the least, I appreciate my childhood friend and sister, my very dependable chief bride's maid, Barrister Tekeba Green. You have remained solid and steadfast following me through the years. You will be celebrated too by God's grace.

I wish to shower encomiums on my beloved father Late Warisenibo Micah Ibifuro Green, who was among the first FIFA badged referees in Nigeria, for laying the foundation for the cap that I am wearing today, thank you for the selfless sacrifices you made, and for showing me that path which has prospered me and given me joy and peace. I thank you for making me believe in myself, and for making your daughters acquire the education that you so much cherished. May your gentle soul continue to rest in peace, amen.

I am also very grateful to God for my beautiful and caring mother, Mrs. Emily Micah Green, a very dependable, diligent, and quiet, God-fearing and peace loving mother. I thank the Lord for placing me in your hands. I thank God for your lessons of letting your children learn to be satisfied with what they have, and this has been my guiding principle in life. Thank God also that you supported dad and took up the responsibility of bringing me up in such a disciplined but loving home environment, full of love. Thank you for all the sacrifices you made by putting aside your personal ambition, and quitting your teaching job just to ensure that we had good education and upbringing. God bless you richly mama.

I thank God immensely for giving me wonderful, obedient, God fearing and intelligent children who are my pride today. Life without them would have meant nothing to me. So, my first son, a bridge builder, highly gifted, peace maker, lover of humanity and full of wisdom, one who has shown the good example on which others built on, Engineer Iche Harry Dimkpa. May God keep you and help you instill the same discipline in your children. My one and only Accountant daughter, intelligent, loving, caring, hardworking and protective, Mrs. Chinyere Belema Agwamba. May the Lord continue to help you remain steadfast and supportive to your family. Last but not the least, is my doctor in the house, the one who gives me joy always for using his golden voice which is second to none. He has such rare patience and intelligence and I am grateful that he has been making us proud, not only in his medical career, but also in giving quality service in the house of God where his unique voice gave the family recognition in the household of God at a very early age; my planner and organizer par excellence, Dr. Chidi Ahamefule Dimkpa (Jnr). May the Lord increase you more and more in Jesus name, amen.

This acknowledgement will not be complete without mentioning Mrs. Jane Iche Dimkpa, my beautiful, reliable and caring daughter in-law; my wonderful son in-law, dependable and caring, Mr. Ernest Agwamba and my dutiful, loving, humble and beautiful daughter in-law, Dr. Amaka



Dimkpa. My joy knows no bounds for blessing me with such unique daughters and son in-law whose love and closeness is so encouraging.

I am most grateful to God for blessing me with smart, handsome and beautiful grand children who have added colour to my life. They include Joshua Dimkpa, Ethan Dimkpa, Jaden Agwamba, Jotham Agwamba and my one and only princess, grandma's delight, Eliora Adaife Dimkpa.

Finally, I wish to express my love and profound gratitude to the love of my life, my God-given husband who thought it wise to give me the privilege of pursuing my dream in acquiring higher education. He is not just my husband, but my brother, counsellor, friend, mentor, supporter and co-labourer in the service of God and family life- Engineer Chidi Ahamefule Dimkpa, my husband of thirty six solid years. I declare that you are unique, one in a million, very patient and tolerant. May God bless and preserve you to reap the fruits of your labour.

Also, to all my well-wishers and friends too numerous to mention, I say thank you and God bless.

## Profile



Professor Daisy Inyingi Dimkpa was born in Ibadan, Oyo State of Nigeria to Late Warisenibo Micah Ibifuro Green and Mrs. Emily Micah Green, both of Bonny Island in the Bonny Local Government Area of Rivers State.

She had her primary education at the Township School Port Harcourt, Rivers State and later at the Holy Trinity Primary School, Kano, between 1967 and 1973. She later proceeded to St. Louis Secondary School, Bompai, Kano, where she had her secondary education between 1973 and 1978. On completion of her secondary education, she was employed by the Standard Bank of Nigeria where she worked briefly between 1978 and 1979 before proceeding for her higher education.

In 1979, she was admitted into the Advanced Teachers College/Ahmadu Bello University Zaria, where she obtained the Nigeria Certificate in Education in 1982. Between 1982 and 1983, she served the one year National Youth Service Corp (NYSC) in a Secondary School in Isiala-Ngwa Local Government Area of Abia State. Between 1983 and 1986, she worked as a teacher in the employment of the Rivers State Teaching Service Board

In her quest for further education which her parents valued so much, she gained admission into the University of Port Harcourt, Port Harcourt, Rivers State, where she graduated with the Bachelor of Education Degree (B.Ed) in Psychology, Guidance and Counselling in 1988. By 1991, she graduated from the University of Ilorin, Ilorin Kwara State, with a Master of Education Degree (M.Ed) in Guidance and Counselling; and subsequently in the year 2000, she obtained her Doctor of Philosophy Degree (PhD) in Guidance and Counselling from the same University.

She has worked in the employment of the Kwara State Teaching Service Commission, Ilorin for a while, and in the year 2004, she was employed by the Niger Delta University as Lecturer II, from where she rose through the ranks as Lecturer I, 2006; Senior Lecturer, 2010; Reader, 2013 and finally to the rank of Professor in 2016.

Professor Daisy I. Dimkpa has several publications to her credit both locally and internationally, and attended several conferences where she presented some scientific papers. She is particularly interested in women issues, gender, marriage and family counselling, academic counselling, among others. Her research efforts have gravitated around a number of issues on maternal and infant mortality, marital violence, women incarceration, substance abuse, among others. She has won several awards at the university as best lecturer in Guidance and Counselling on a number of occasions, best Head of Department, and Dean's award for dedication to leadership and academic services. She is also a member of several professional associations.

She is a reviewer and editorial board member of several journals within and outside the University. Furthermore, Prof. Daisy Dimkpa is a member of several professional associations among them are the Counselling Association of Nigeria and the Teachers Registration Council of Nigeria. She has also served the university in various capacities, among which includes, Acting Head of Department of Vocational and Technical Education, 2010-2012.

She was appointed the Director of Counselling and Human Development Centre in 2018 where she currently serves in addition to her academic work. Professor Daisy Inyingi Dimkpa is happily married to Engineer Chidi A. Dimkpa and they are blessed with children and grandchildren.

## References

- Berger, M.T. (2015). Transforming scholarship. Second Edition. Abingdon, Oxon: *Routledge*, 35- 40.
- Berger, M.T. & Radeloff, C. (2015). Transforming scholarship: Why women's and gender students are changing themselves and the world: New York. *Routledge*, 7, 978-0-115-83653-1.
- Bojuwoye, O. (1986). Self-esteem and self-disclosure: Implications for value orientation in counselling. *The Counsellor*, 2(6), 99-111.
- Dimkpa, D.I. (1999). Attributions of maternal and infant mortality among working class women in Nigeria. Unpublished PhD thesis. Department of Guidance and Counselling, Faculty of Education, University of Ilorin.
- Dimkpa, D.I. (2005). Attributions of Maternal Mortality by women from High and Low Socio-Economic status in Southern States of Nigeria. *Ilorin Journal of Health, Physical Education and Recreation*, 4, 68-73. University of Ilorin, Nigeria.
- Dimkpa, D.I. (2006a). The occupational status of women and their working environment in Nigeria, *Journal of Education in Developing Areas*, 15(2), 157-164. University of Port Harcourt, Nigeria.
- Dimkpa, D.I. (2006b). Influence of In-Laws on Inheritance Rights as Perceived by Widows in Port Harcourt Municipality, Nigeria. *The Nigerian Journal of Guidance and Counselling*. 11(1), 93-103 University of Ilorin, Nigeria.
- Dimkpa, D.I. (2007). Perceived Causes of Wife Battery by Women in Port Harcourt Urban of Rivers State, Nigeria. *Journal of Creativity and Scientific Studies*, 2(1), 80-89. University of Abuja, Nigeria.
- Dimkpa, D.I. & Wilcox, L.A. (2008). Perceptions of Women on Factors Responsible for Low Female Participation in Politics in Port Harcourt, Rivers State, Nigeria. *Multidisciplinary Journal of Research Development*, 10(1), 22-27. Benue State University, Nigeria.
- Dimkpa, D.I. (2009). Counselling and girl-child dropout phenomenon in the Niger Delta Areas of Bayelsa State. *Journal of Science and Technical Education*, 1(1), 155-161. Adekunle Ajasin University, Nigeria
- Dimkpa, D.I. (2010a). A Comparative Study of the Vocational Interests of Students of Working-Class and Non-Working Class Women in Rivers State of Nigeria. *Ekpoma Journal of Behavioural Sciences*, 3(2), 169-182. Ambrose Ali University, Ekpoma, Nigeria
- Dimkpa D.I. (2010b). Knowledge and Attitudes of Urban Women towards Modern Contraception in Port Harcourt, Nigeria. *The Calabar Counsellor*, 4(4), 90-96. University of Calabar, Nigeria.

- Dimkpa, D.I. (2010c). Causes and Effects of Late Marriage on the Fertility of Female Executives in Rivers State of Nigeria. *International Journal of Social Science*, 2(1), 118-123. Accra, Ghana.
- Dimkpa, D.I. (2010d). Effect of Marital Counselling on Women's Attitude towards Marital Stability. *Edo Journal of Counselling*, 3(2), 189-196. University of Benin, Nigeria.
- Dimkpa, D.I. (2010e). Marital Adjustment Roles of Couples Practicing Child Adoption. *European Journal of Social Sciences*, 13(2), 194-200. United Kingdom.
- Dimkpa, D.I. & Wilcox, L.A. (2010f). Married Couples' Perceptions of Family Stress. *Asian Social Science*, 6(12), 62-66. Canadian Center of Science and Education, Toronto, Canada.
- Dimkpa, D.I. (2011a). Psychosocial Adjustment Needs of Menopausal Women. *African Research Review*, 5(5), 288-302. Indexed African Journals Online, Ethiopia.
- Dimkpa, D.I. (2011b). Women's Personality Characteristics and Occupational Choice: Implications for Marital Instability. *International Journal of Psychological Studies*, 3(2), 193-199. Canadian Center of Science and Education, Toronto, Canada.
- Dimkpa, D.I. (2011c). Social Support Systems of HIV/AIDS Rural Women. *British Journal of Arts and Social Sciences*, 1(1), 41-48. British Journal Publishing Inc. United Kingdom.
- Dimkpa, D.I. (2011d). Age Differentials in Family Stress by Women. *Mediterranean Journal of Social Sciences*, 2(1), 35-43. Mediterranean Center of Social and Educational Research. University of Teramo, Italy.
- Dimkpa, D.I. (2011e). The Plight of Women Inmates in Rivers State, Nigeria. *Pakistan Journal of Social Sciences*, 31(1), 105-114. Bahauddin Zakariya University, Multan, Pakistan.
- Dimkpa, D.I. (2012a). Affective Dispositions of Working and Non-Working Class Women towards Remarriage in Yenagoa L.G.A of Bayelsa State. *Edo Journal of Counselling*, 5, 75-91. University of Benin, Nigeria.
- Dimkpa, D.I. (2012b). Parental Marital History as a Predictor of Marital Success/Failure among Women in Rivers State, Nigeria. *International Journal of Asian Social Science*, 2(9), 1591-1598. Asian Economic Society, Karachi, Pakistan.
- Dimkpa, D.I. & Inegbu, B. (2013). Student Nurses' Perception of Poor Academic Performance In Bayelsa State, Nigeria. *Journal of Human Social Sciences*, 13(14), 1-5. United States of America.
- Dimkpa, D.I. & Mbachu, C.E. (2014). Research Behaviour and Preference of Women Academics in Niger Delta University, Bayelsa State of Nigeria. *British Journal of Humanities and Social Sciences*, 11(1), 7-17. United Kingdom

- Dimkpa, D.I. & Wilcox, L.A. (2016). Perspectives on female household Headship in Nigeria: Counselling implications for sustainable African culture. *Niger Delta Journal of Education*, 8(1), 1-13. Nigeria.
- Ellis, A. (1962). *Reason and Emotion in Psychotherapy*. New York: Lyle Stuart.
- Florence, N.C. (2014). *Counselling Techniques: The best techniques for being the most effective counsellor*. Retrieved from <http://blog.udemy.com>. Accessed 20<sup>th</sup> April, 2019.
- Kelly, H. (1973). The process of causal attribution. *American Psychologist*, 28(2), 107-128.
- Rakshand, K. (2018). The need for counselling in schools. Retrieved from [www.thedailystar.net](http://www.thedailystar.net). Accessed 4<sup>th</sup> September, 2019.
- McHugh, R.R., Whitton, S.W., Peckham, A.D., Welge, J.A. & Otto, M.W. (2013). Patient preference for psychological versus pharmacological treatment of psychiatric disorders: A meta-analytic review. *Journal of Clinical Psychiatry*, 74(6), 595-602.
- Radoja, D. (2015). The role of counselling in medical settings. Extract of a conference titled 'The 3<sup>rd</sup> Human and Social Sciences at the Common Conference'. Retrieved from
- Rogers, C.R. (1961). *On becoming a person*. Boston: Houghton Mifflin Company.
- Rotter, J.B. (1966). Generalized expectancies for internal versus external control of reinforcements. *Psychological Monographs*, 80, 1-28.
- Shaw, S.M. & Lee, J. (2014). *Women's voices, feminist vision: Classical contemporary readings* (Sixth Edition). New York NY: McGraw Hill ISBN 978-007 8027000. OCLC 862041473.
- Sheff, E.A. (2016). Therapy, counselling or coaching- Oh My. Retrieved from [www.psychologytoday.com](http://www.psychologytoday.com). Accessed 30<sup>th</sup> October, 2018.
- Siddiqui, M.H. (2008). *Encyclopaedia of Education: Guidance and Counselling*, III, New Delhi: APH Publishing Corporation.
- Whitbourne, S.K. (2015). Psychotherapy versus medications: The Verdict in Psychology Today. Retrieved from [www.psychologytoday.com](http://www.psychologytoday.com). Accessed 30<sup>th</sup> October, 2018.
- Wiley, K. & Andrew, N.G. (2011). In Ray M, (Ed) 2014. *Guidance and Counselling: What is counselling? Meaning, Need and Significance*. Accessed 11<sup>th</sup> July, 2016. Retrieved from <http://teachereducationguidanceandcounselling:Blgspot.com>.
- World Health Organization (2018). Depression: Key facts. Retrieved from [www.who.int](http://www.who.int). Accessed 4<sup>th</sup> September, 2019.

Yousaf, R. & Schmiede, R. (2017). Representation in academic excellence and positions of power. *Asian Journal of German and European Studies*, 2(2), 2-13.