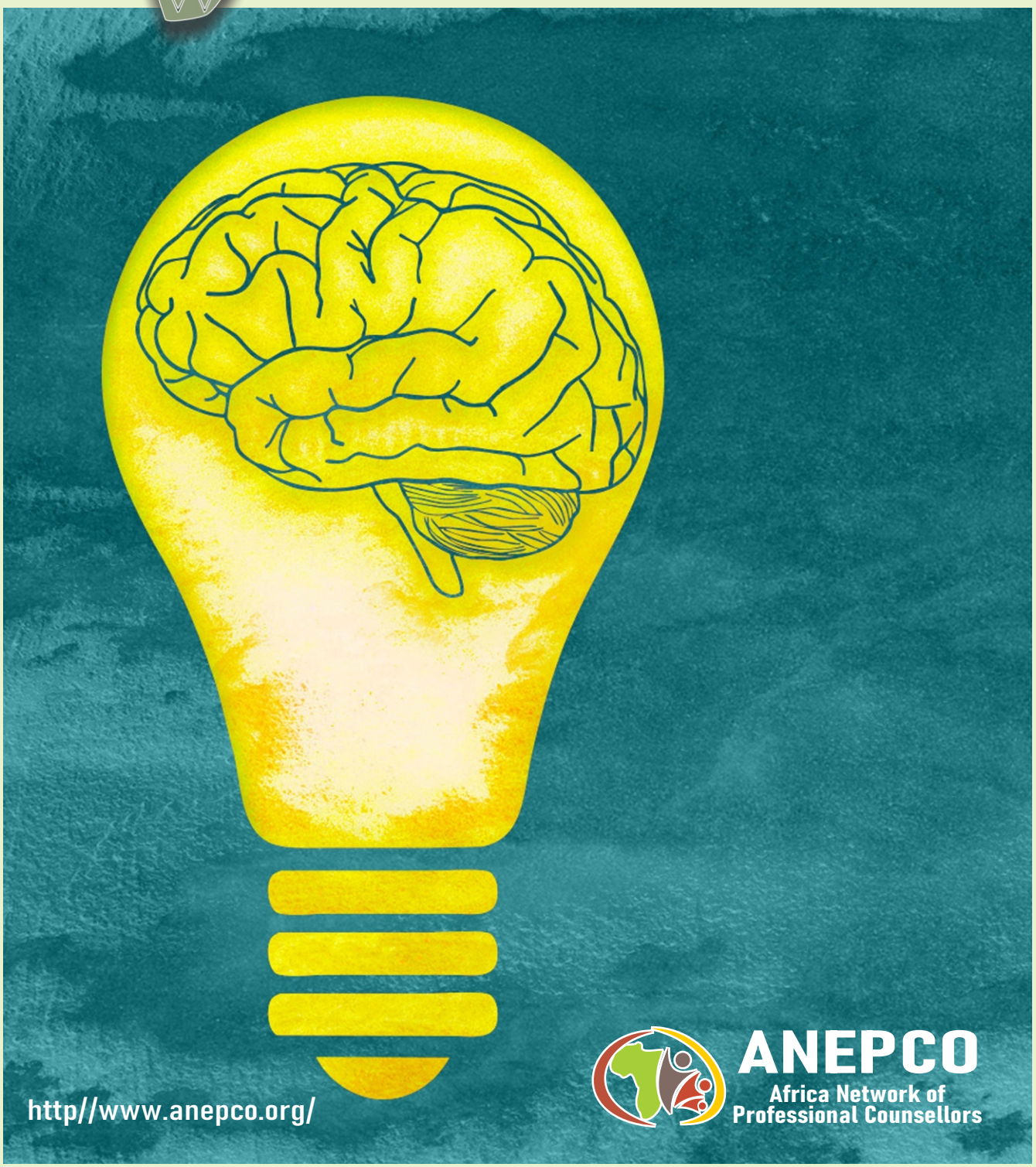
The Africa Counsellor

Journal of Africa Network Of Professional Counsellors

MAIDEN EDITION



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ANEPCO

Africa Network of Professional Counsellors

The Africa Counsellor

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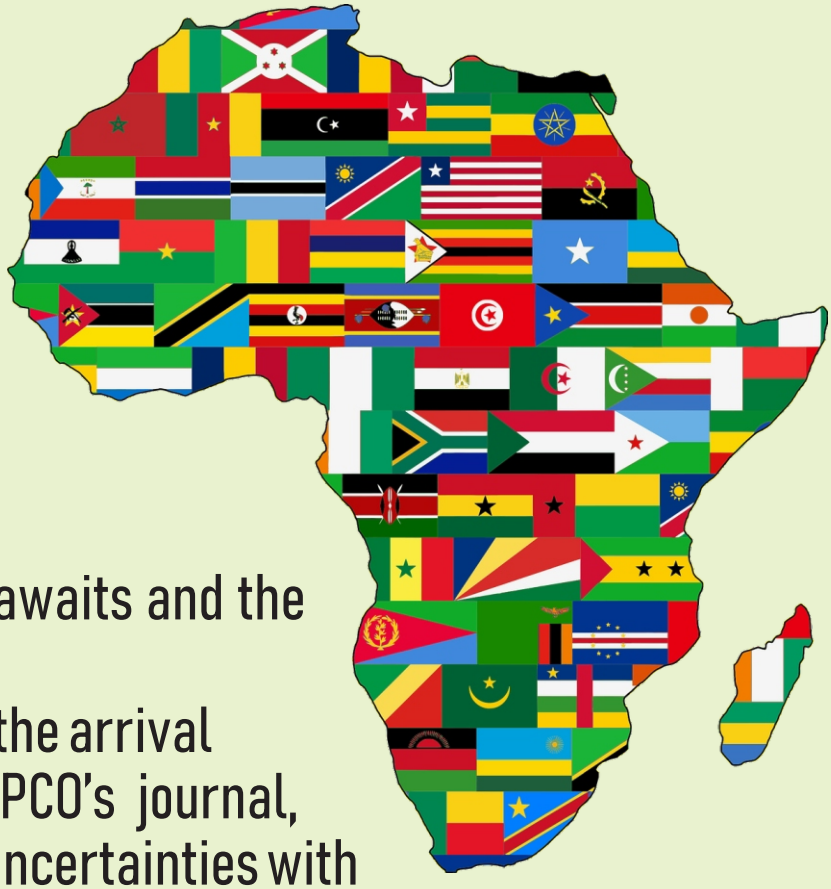
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The Editor's Note



Africa arise! The world awaits and the earth angels are ready!
The year 2020 heralded the arrival of the first edition of ANEPCO's journal, despite the intensity of uncertainties with the pandemic, Covid 19 and lockdowns across Africa and the world.

The AFRICA COUNSELLOR is new and a long time coming. In this maiden edition, we've taken delivery of the future. Our intention is one - to amplify the Voice of reason in help work and therapies through professional counselling in Nigeria and Africa. Coming at one of the most unprecedented times in our continent, our second intention is that, The AFRICA COUNSELLOR will be for professionals and everyone, to bring enlightenment, hope and courage that will facilitate our rising and thriving in practice and life.

It's our joy and delight to present you with the maiden edition of THE AFRICA COUNSELLOR.

Have a good read,
Tayo Owosina

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SPIRITUALITY AND PSYCHOLOGICAL HEALTH: DO THEY CORRELATE?

By JAMES, O. WORDMAN. November, 2020

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For most of the twentieth century, clinical scientists viewed religion as a negative or at best neutral factor in mental health . In the early 1900s, for instance, Freud argued that religious beliefs were defense mechanisms, “born from man's need to make his helplessness tolerable”. This negative view of religion now seems to be ending, however.

During the past decade, many articles and books linking spiritual issues to clinical treatment have been published, and the ethical codes of psychologists, psychiatrists, and counselors have each concluded that religion is a type of diversity that mental health professionals must respect.

Researchers have learned that spirituality does, in fact, often correlate with psychological health. In particular, studies have examined the mental health of people who are devout and who view God as warm, caring, helpful, and dependable. Repeatedly, these individuals are found to be less lonely, pessimistic, depressed, or anxious than people without any religious beliefs or those who view God as cold and unresponsive.

Such people also seem to cope better with major life stressors from illness to war, and to attempt suicide less often. In addition, they are less likely to abuse drugs.

Does such correlation indicate that spirituality helps produce greater mental health? Not necessarily. Correlations do not indicate causation. It may be, for instance, that a sense of optimism leads to more spirituality, and that, independently, optimism contributes to greater mental health.

Regardless of how the correlation between spirituality and mental health should be interpreted, many therapists now make a point of including spiritual issues when they treat religious clients, and some further encourage clients to use their spiritual resources to help them cope with current stressors. It is based on this that a number of religious institutions now offer counseling services to their members.

Spirituality and religion are critical sources of strength for many clients, the bedrock for finding meaning in life, which can be instrumental in promoting healing and well-being. There is growing empirical evidence that our spiritual values and behaviors can promote physical and psychological well-being.

Exploring these values with clients can be integrated with other therapeutic tools to enhance the therapy process. Counseling can help clients gain insight into the ways their core beliefs and values are reflected in their behavior. Clients may sometimes discover that they need to re-examine these values.

Clinicians must remain open and non-judgmental, recognizing that there are multiple paths toward fulfilling spiritual needs. It is not the role of the counselor to prescribe any particular pathway. Counselors can make use of the spiritual and religious beliefs of their clients to help them explore and resolve their problems. To effectively address spiritual concerns in assessment and treatment, counselors need to have competencies in working with values. Training programs must incorporate discussions on how to work with values as a part of

the therapeutic process.

The Dalai Lama has a number of thought provoking ideas about the role of spiritual values in daily life, which are summarized as follows; According to the Dalai Lama, religions are aimed at nourishing the human spiritual and transforming the human mind. Involvement in any religion can create a feeling of acceptance and a caring connection with others. This kind of social connection has proven to be helpful in preventing a life of isolation which is a necessary ingredient for depression. Religious beliefs can provide a deep sense of purpose and meaning in life. These beliefs can offer hope in the face of adversity and suffering and can offer a perspective when we are overwhelmed by life's problems.

All religions have the same basic message, in that they all advocate basic human values. Love, compassion, and forgiveness are not luxuries, but essential values for our survival. Compassion, an essential part of one's spiritual development, involves caring about another's suffering and doing something about it. Whether we are believers or unbelievers, this kind of spirituality is essential. True spirituality results in making people calmer, happier, and more peaceful, and this is a mental attitude that can be practiced at any time and by anyone who aspires to enjoy long term mental health.

Mother Teresa, who became known to the world for her selfless work with the poor people in Calcutta, India, talks about

compassion in action. She believes that God and compassion are one, and the same. The Dalai Lama and Mother Teresa view compassion as attempting to share and understand the suffering of people.

Rabbi Harold Kushner also believes that encountering God consists in doing the right thing. He contends that we make room in our lives for God when we do things that make us truly human, such as helping the poor, working for social justice, and keeping in check our exaggerated sense of self-importance.

In conclusion, it is important to know that humans do seem to have the capacity to experience transcendent reality and those who plan for the care of persons during life transitions and crisis have come to believe strongly in the value of spirituality for psychological health.

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THE RIPPLE EFFECT

By NKECHI E. LAYADE. November, 2020

There is a chapter in my book titled The Ripple Effects. It talks about the causal effect of our past experiences. Bad experiences from our childhood can affect our adulthood. We unconsciously move the baggage from our childhood and negative things that happened to us as children into adulthood. It affects our relationship and behaviour. Sometimes, we may not understand why we act the way we do. We are shocked by our actions. We wonder where that attitude may have sprung from. We ask ourselves, "How was I able to do that?"

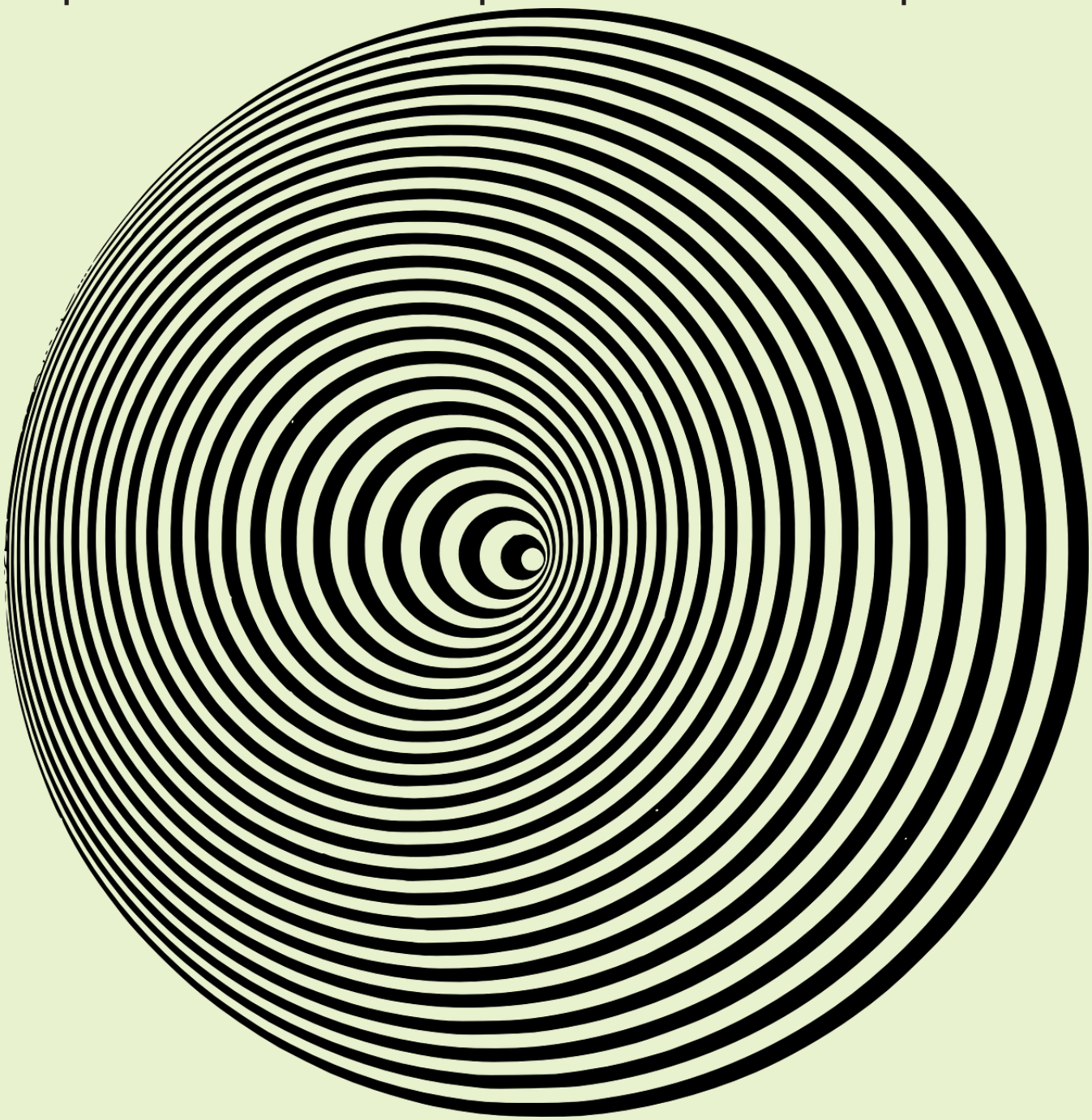
Our past experiences have affected and disrupted a lot of things

in our lives. It has affected our marriages, relationships, work culture and friendships. If you do not understand your roots or where you are coming from, it will continue to disturb and hunt you. If you live with a person who had negative experiences as a child, you will always misunderstand their actions. Funnily enough, they may not even understand the root cause of their behaviour.

Our upbringing, background, environment and experiences shape our lives. These issues must be resolved else you may never understand your adulthood. If you grew up in a dysfunctional home, it affects the way you live as an adult. If you grew up without love, empathy, compassion, understanding or care, it reflects in your lifestyle. If you grew up with people who are insensitive, who do not understand or listen to you, people who don't set their priorities right, people who are filled with ego, you will also grow up with such tendencies. You won't even know the difference between living right and living wrong.

You can't give what you don't know or understand. There are different types of abuse aside from sexual, verbal or physical abuse. Some people have been abused emotionally and psychologically. If you carry the abuse from your childhood to your adulthood, you will live a dysfunctional life. If you don't correct these patterns, you will pass it onto the next generation, and the cycle continues. So when someone is irrational, insensitive or erratic, your first approach should be to find the causal factors.

A child's experiences early in life are the building blocks for our mental development. Our genes are the blueprints that provide the basic framework for the brain, but they are not solely responsible for brain development. Environmental exposure



and nature influence how our brain works. When you have a safe, stable and nurturing relationship, it leads to healthy development.

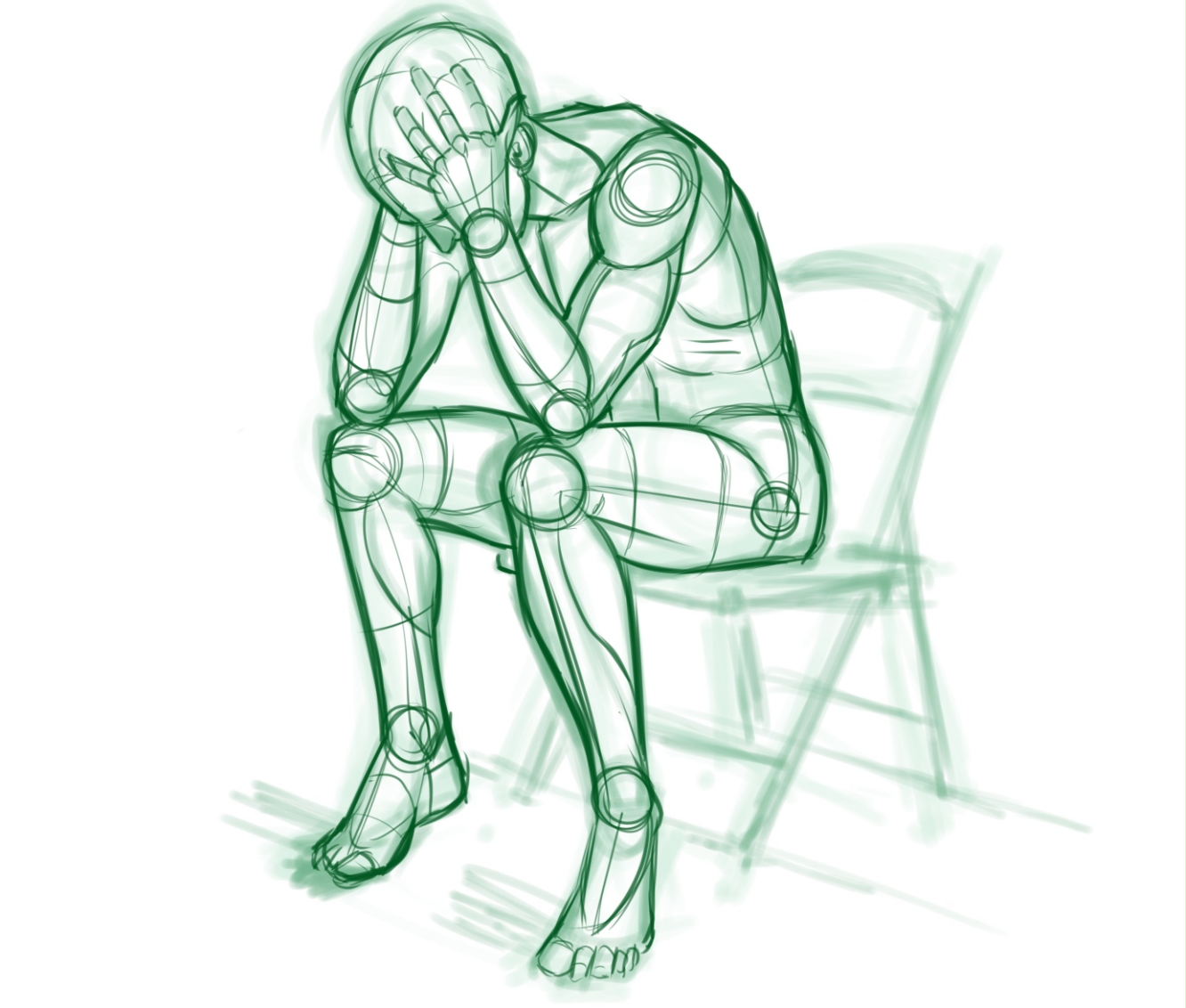
However, there is a bright side to this. There is hope for every

child living in a dysfunctional home or adult who moved from a dysfunctional home to where they are right now. If every individual is given support and exposed to positive relationships at different stages in their lives, it will make a huge difference. Once a child is found and helped in the middle of that crisis or trauma, that child can be a lot better.

We should all try to build our resilience level. Build your inner strength and seek help before it's too late. Don't be afraid of sharing your story. Everyone you know is going through something, but the difference is that some people understand what it means to seek help.

Don't just seek help from anyone. Seek positive help from a professional. Don't talk to people who will judge or merely sympathize with you. No one needs sympathy. What we need is empathy. We need people who will listen to us without judging us. We need a non-judgemental conversation and advice. That is what everybody needs.

Come down from your high horse and seek help when it is still early. Don't wait till you are battered and messed up. Do not ever think that what is happening to you is new. Everything that is happening to you has happened to someone somewhere. Even the person helping you may have been a victim. The only difference is that they sought help and got help. Seek help. Leverage on positive support and get the help that you need.



LONELINESS:
A Catalyst for Addiction

BY SEGUN MATTHEW November, 2020

Addiction has now become a common phenomenon and challenge that is now becoming very prevalent especially amongst the adolescents and young adults. That does not mean that the older populations are not engaging in addictive

behaviour. According to the National Institute on Drug Abuse (2020), there are more new cases among young people than other age groups. For many people, risky behaviours that lead to drug abuse and addiction start during early adolescence. Most of these young ones do not progress in such activities, but the ones who do are often associated with one or more risk factors for addiction.

ADDICTION

Addiction is a condition that results when a person takes substance or engages in activities for pleasurable reasons at the beginning but the continuous engagement can become compulsive and interferes with normal functionalities of the person.

It is when a person continues to engage in an activity that is pleasurable but cannot stop doing it, even to the detriment of their everyday functionalities such as work, hobbies, relationships, health, finances etc. (Desert Hope 2020). Addictive behaviour usually starts as a habit, but the persistence engagement then leads to addiction.

To simply put it, addiction is when a person becomes enslaved to a habit. That means, such behaviour has become compulsive and uncontrollable.

ADDICTION AND LONELINESS

Loneliness is a state of feeling of disconnectedness and isolation



from others, this state of mind can cause people to feel unwanted, empty and alone. This state can also make it difficult for such individuals to form connections with other people.

From the definition of loneliness, it is obvious that loneliness is a feeling. It can be unconscious, and may be unrealistic and subjective, due to the fact that it is how an individual feels in a particular period of time. An individual can be among several people and still feel lonely, feels disconnected with the larger group.

Every human is relative in nature; there is innate desire in everyone to be connected to others. We crave for connection, when we struggle to meet our relational and social needs we can end up meeting those needs in dysfunctional ways.

Throughout different stages of one's life, this need is ever present. This connectivity is something we unconsciously or subconsciously crave for in order to meet our physiological needs according to Maslow's Hierarchy of needs; the need for survival (Recovery Centers 2020).

My engagement with many addicts has exposed me to the

trauma of being lonely, I have learnt from experience that loneliness can lead to diverse psychological problems like depression, anxiety, panic, psychosis, delusions, hallucination, insomnia, irritability, agitation, restlessness, suicidal ideations, physical conditions like heart problems and can also trigger addiction.

The amazing thing about this challenge is that all the sufferers are unaware that loneliness was the underlying trigger to their emotional or mental turmoil. Being lonely has a detrimental impact on one's mental state and holistic well-being.

In order to manage the feeling of loneliness, an individual can start a habit to cope with that feeling but if this habit persists over time and unchecked, the person can become dependent and preoccupied with such behaviour that they lose control over the habit. At this stage, the behaviour has become addictive.

In order to avoid or escape feelings of disconnectedness, a person can take up activities that can later progresses and become dependent on engaging in the activity, the inability to engage or discontinuation of the behaviour can lead to psychological or physiological disturbance in the sufferer, when this happens such individual is seen to be addicted.

A sufferer can be addicted to; alcohol, drugs (prescribed and/or illicit), tobacco, eating, sugar, coffee and chocolate, lactose and replacement food, gambling, sex, pornography, masturbation etc.

One reason why it is easy to be addicted to these substances and

activities is because they can increasingly cause symptoms of intolerance. This means, the person who takes those substances or engages in those activities is stimulated to continue to increase their usage or engagement in order to meet or maintain their desired level of satisfaction which in most cases they cannot attain.

People engage in addictive behaviour as an avoidance strategy (which I also call escapism) to deal with unpleasant distressing thoughts and memories from traumatic past experience that may have been untreated. Periods of loneliness which unsettles and stresses the mind has potential to evoke those unpleasant memories and corresponding disturbing emotions that come with those memories. Examples of such unpleasant memories are abuses, grief from loss (loss of job, loved ones, loss of relationships), accident, divorce, physical health problems, rejection, rape, war etc. Therefore, addiction can sometimes be classified as a symptom of Post Traumatic Stress Disorder (PTSD). In circumstances like this, loneliness can be seen as a catalyst for addiction.

Catalyst is anything that causes or accelerates a reaction, precipitate or energizes an event (Dictionary.Com 2020). However, in the context of the subject of discussion which is addiction, loneliness has a tendency to energies or evokes unpleasant symptoms from untreated psychological stress. And the sufferer in order to manage these disturbing thoughts and unpleasant emotional symptoms may use a maladaptive

strategy; the progressive engagement in such strategy can lead to addiction.

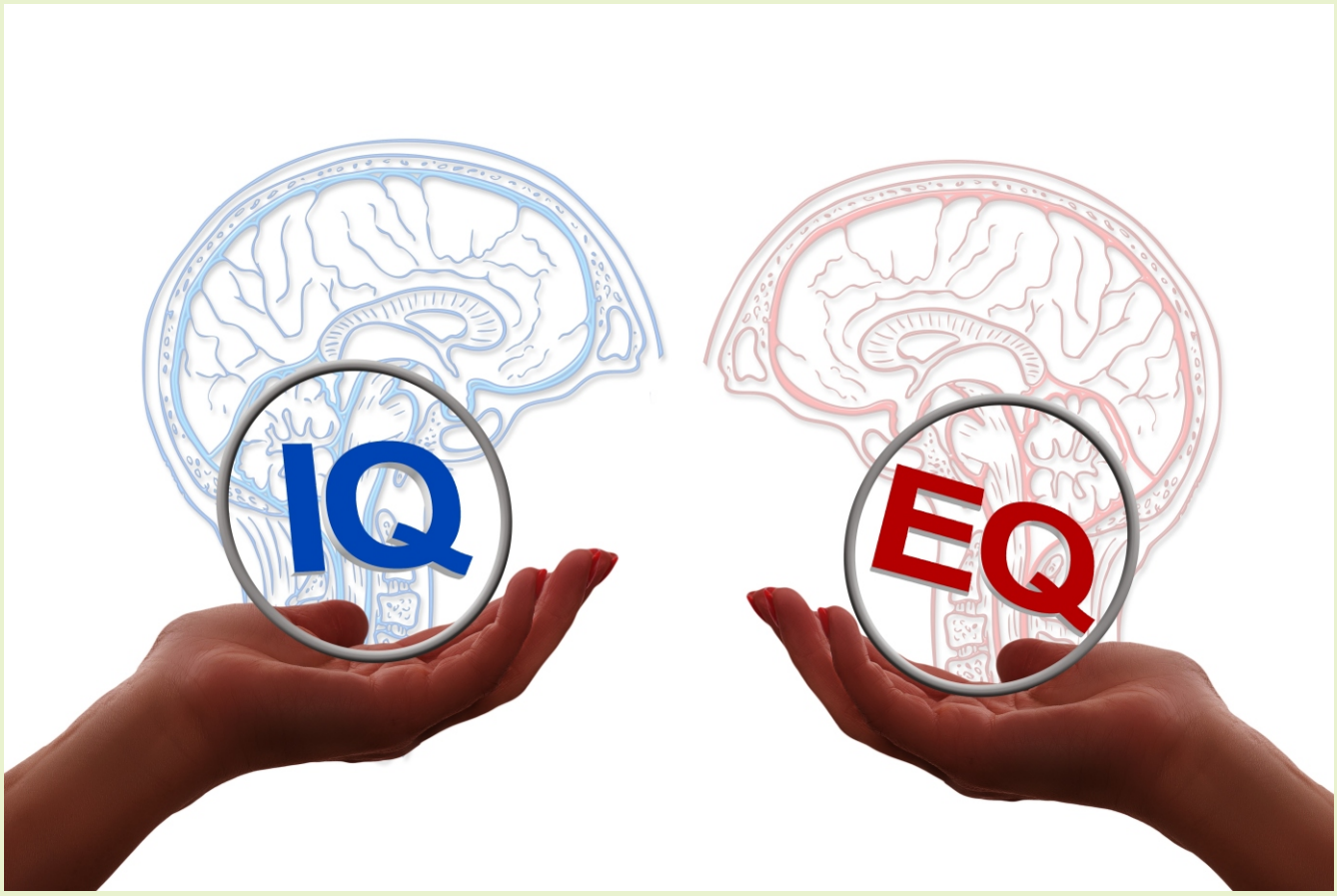
When addiction happens, the addict develops dependence and tolerance on the behaviour, they lose the ability to control the usage of either drugs or engagement in addictive behaviour even at the detriment of their health, relationships, work or other functionalities. What it means is that such a person has priorities over addiction and over every other thing in their life.

Loneliness is increasing, the rise of internet use and social media are partially to blame, and the implication of this is that addiction is predisposed to increase as well.

I wish to suggest to individuals who have the tendency to feel lonely to make a more deliberate effort to connect with others. And if such a person struggles to connect with others, they may seek the help of a professional therapist.

And for therapists working with people suffering addiction; during the period of exploration in therapy, you can explore with your clients issues around connectivity with others; explore if your client is feeling lonely, unwanted or isolated. Strategically explore their thoughts and behaviour around being lonely; they may be using their addiction to avoid feelings of loneliness. Identification of this trigger may determine the interventions that will be effective in helping the recovery journey.

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EMOTIONAL INTELLIGENCE FOR TEENS

BY OGOCHUKWU NWOSU/teens_hub_ng

1.0: Introduction

Adolescence stage can be a difficult time. It's not just a period of physical changes; it's also a time of brain development and hormonal changes that affect teens' development. Typically, teens are still developing parts of the brain that might inhibit their ability to be aware. The prefrontal brain is still developing. The prefrontal cortex is the part of the brain which governs reason and logic. For the most part,

because teens lack a fully developed prefrontal cortex, they can be emotional and impulsive, and lack some degree of emotional intelligence. Teens need to grow and develop their emotional intelligence because teens with a high degree of emotional intelligence are better able to control their emotions and behavior when things do not go their way. This in turn makes them happier, more self-confident, and more respectful of others. Not surprisingly, students with a high EQ (or emotional quotient) tend to do better in school. They pay attention, take in information, stay motivated, and get along with teachers and classmates.

1.1: What are Emotions?

- Emotions suggest our deepest feelings, our passions and longings
- Emotions guide us in facing predicaments and tasks too important to leave to intellect alone
- They guide us in danger, painful loss, persisting towards a goal despite frustrations, bonding with mate, building a family.
- Each emotion offers a distinctive readiness to act; each points us in direction that has worked well to handle the recurring challenges of human life.
- They are imprinted in our nerves as innate, automatic tendencies of the human heart.



There are hundreds of emotions, along with their blends, variations, mutations and nuances.

There are five core feelings in which all other emotions are rooted: happiness, sadness, anger, fear and shame.

Emotional hijacking takes place when feelings override reason, leading to reactions – often illogical or irrational – stemming purely from emotion.

While the emotion itself cannot be disposed of or trained, the thoughts and reaction immediately following can be, provided the person is aware and alert.

Quote:

"Educating the mind without educating the heart is no education at all."

– Aristotle

1.2: What is Emotional Intelligence?

·Emotional Intelligence can be defined as the ability to identify, consider and control emotions in oneself and to recognize them

in others, brought on by a combination of self-awareness, self-management, social awareness and relationship management. (Travis Bradberry and Jean Graves 2014)

·Emotional intelligence is the capacity to be aware of, control, and express one's emotions, and to handle interpersonal relationships judiciously and empathetically.

·Emotional intelligence refers to the ability to identify and manage one's own emotions, as well as the emotions of other people around.

Emotional Intelligence

·in teens covers their ability to use emotions effectively and productively in an adaptive way (Sekhri, 2017).

1.3: Four Emotional Intelligence Skills

Self-awareness is the ability to understand your emotions as they happen. Self-awareness involves learning where your emotions come from, the reasons behind them and how they are displayed.

Becoming aware of who and what pushes your buttons; such as specific people or environments – cause emotions to surface will allow one to gain control of associated reactions. Feeling your emotions physically is key to early detection and awareness.

Self-management is the act of managing one's emotions, which, in turn, manages reactions and behaviors. After applying self-awareness to ensure emotions are understood,



self-management tools allow for self-control which can lead to stronger relations, better communication and providing oneself the opportunity to act rationally and reasonably.

To manage your emotions, count to ten.

When the limbic system that controls emotions takes over, rationality is overtaken. Taking the time to step back from an emotionally charged reaction by counting will automatically help your body and brain to re-adjust and allow your rational brain to re-enter the equation.

Social awareness is about removing focus from oneself to pay attention to the external in order to determine their emotions. This includes observing environments and people and requires the ability to actively pay attention to and even accept the tones and emotions of others.

Social awareness can be achieved by greeting people by name, because name is crucial to identity, using people's names helps to show they are valued. Watch body language, because it's revealing, and paying attention to it can be a useful tool in

crafting appropriate responses

Relationship management allows for positive relationship-building and maintenance. Particularly applicable to working through conflict, this component allows one to combine awareness of self and others and emotion management to carefully craft and mold interactions.

Acknowledge the other person's feelings; though it may be uncomfortable, it is important to take the time to show an awareness of the other person's feelings. Also make your feedback direct and constructive. Feedback is important to anyone's improvement, but ensuring it is helpful, clearly communicated and from a place of reason rather than emotion will increase the possibility of acceptance from the party it is provided to.

1.4: Emotional intelligence can be developed and improved by doing the following:

1. Be open-minded to people's feelings
2. Practice the Art of Listening: Focusing on truly hearing the words of the other person will help to pull focus off of one's own thoughts and strengthen the interaction.
3. Take responsibility for your behavior
4. Respond to situations rather than reacting: make timing everything and carefully place questions and responses to help control a situation and emotional reactions.
5. Name your feelings and acknowledge your emotions.

6. Train yourself to sense your emotions through sensations in your body.
7. Change the meaning of what people say to you instead of taking offense. (Nothing means anything except the meaning you give to it).



1.5: Benefits of being Emotionally Intelligent

Teens can become more emotionally intelligent despite the need for further brain development. The benefits are as follows

1. Ability to manage and regulate emotions.
2. Ability to respond to situations in a healthy manner.
3. It makes one less impulsive and more resilient.
4. Ability to feel confident and assertive.
5. Ability to be self-aware and improved social skills.

1.6: Conclusion

Emotional intelligence is a skill that grows over time. It requires a conscious decision and practice. Practice EQ at home, in school and in your community.

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A Comparative Analysis of Counselling in the Western World and Nigeria

OYEBODE, OLUWATIMILEHIN TOSIN (PhD) November, 2020

A Comparative Analysis of Counselling in the Western World and Nigeria, using Gary Collins' Christian Counselling and the Yoruba tribe of Nigeria as case study.

INTRODUCTION:

According to (Sue & Sue, 1977),within the Western

framework, counseling is a White, middle-class activity that holds many values and characteristics that are different from those of third world groups. Sue and Sue (1977) further identified three major characteristics of counseling that act as possible sources of conflict for third world groups.

They indicated that;

(a) Counselors often expect their clients to exhibit some degree of openness, psychological mindedness, or sophistication;

(b) Counseling is a one-to-one activity that encourages clients to talk about or discuss the most intimate aspects of their lives; and

© The counseling situation is often an ambiguous one. These characteristics, which seem to be applicable to clients in Western settings, are not directly applicable to the Yoruba in the Nigerian culture.

While scholars have worked on factors that make counseling service effective, many seem to ignore culture as an additional factor, thus this work will consider the impact of these values and cultural difference in counseling services rendered to a typical Yoruba in Nigeria.

PART ONE:

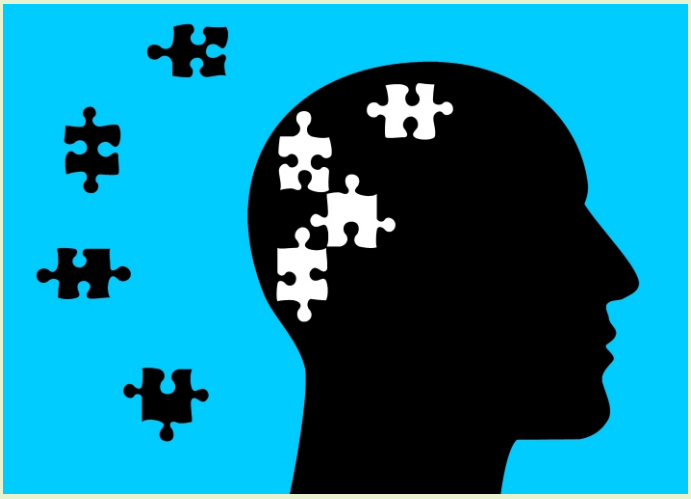
The first part of Christian Counselling by Gary Collins dwelt

extensively on, i) the Changes in counseling, ii)the counselor and counseling, iii) the church and counseling, iv) the community and counseling, v)the core of counseling, vi) the legal, ethical and moral issues in Christian counseling, and vii) the multi-cultural issues in Christian counseling.

For Yoruba in Nigeria:

There has always been conflict of life-styles and patterns between traditional and Western values among the citizens of various nations. In the typical Nigerian (Yoruba) culture, relationships are based on age, status, or respect. A Nigerian child is trained to respect elders and authority figures who in return give advice and guidance based on experience.

This cultural background seems to conflict with the basis of western counseling, which stresses self-help and independence. As a result, Nigerians (Yoruba) might enter counseling seeking help and direction. What they hope is that the counselor will "cure" them, that is, offer them a recipe for happiness or give them some quality that they do not 'believe they can find in themselves. They tend to view the counselor as a senior deserving their respect and regard. Thus, they might obediently, respectfully, and hopefully place their trust in the counselor, waiting to be shown the way. They might hope to increase their self-confidence, to know themselves better, to become more assertive, to feel more intensely, to lose their fears, and to gain courage through the influence of the



counsellor. (Idowu 1984)

Also some researches had shown that a typical Yoruba (Nigerians) seeks help from peers, religious leaders or other sources more than the counselors, with the low percentage of contact with counseling centers as Nigerians have been known to shy away from counseling centers (Mack, 1979).

The reasons for this attitude include lack of information about the centers, suspicion of the entire counseling process, and lack of awareness of the usefulness of counseling services. Whereas Westerners are apt to be aware of counseling services from as early as elementary school age, the Yoruba in Nigeria do not seem to be aware of such services until they are adults. Even then they are skeptical of the-usefulness of such counseling services.

Due to limited provision of counseling services in Nigeria (Mack, 1979) as well as cultural differences and value systems, the establishment of a mutual bond between a Nigerian client and a counselor may not be all that easy. It can take many sessions for a counselor to establish rapport, to structure the interview, to overcome communication problems, and to follow through toward behavior change with a Nigerian Yoruba.

Lack of funding resulting in not sufficient and inadequately

equipped counseling rooms leaves counselors in Nigeria with the inability to manage their Yoruba client's environment as well as the impact of such an environment on his problem and the counseling.

Spiritualism is another major point of conflict in western counseling and the Nigerian approach as a typical Yoruba is highly religious and believes in the spiritual. Counsellors in Nigeria often admit and identify the connection of spirituality to clients' problems and even refer clients for spiritual help. Although most spiritual leaders (i.e. pastors) are not even adequately prepared for their counseling responsibilities.

Counselors are free to express their personal and world view during counseling in Nigeria and most counselors work as GP (General Practitioner) without adequate networking unlike in the Western world where there are areas of specializations and a counselor is bound to refer a client if the client problem is better handled by another professional.

PART TWO

This part is centered on various prominent issues including; Depression, Anxiety, Anger, Guilt, Forgiveness and Loneliness

For Yoruba in Nigeria:

A typical Nigerian Yoruba client is family-oriented. Disclosing personal problems to a counselor ("stranger") may be seen by Nigerians as a sign of weakness or sickness, also as leaking personal and family secrets. The Nigerian culture, unlike the

Western, is adult- and family-oriented, and there are established traditional ways of handling personal distresses and anxieties (i.e., through native healers, meeting with elders or family members).

Unless there is mutual trust, it may be difficult for a Yoruba man to exhibit the considerable degree of openness and psychological sophistication expected in counseling. The Yoruba-Nigerian male is brought up to conceal stress as a matter of pride and endurance. Personal matters that cause pain or discomfort are not usually discussed with strangers, only with family members and very few friends.

Likewise, whenever the Yoruba males disclose information about themselves they tend to discuss more about their achievements and successes (cognitive) and less about their feelings of anxiety or stress (affective). The belief that men not only represent their ego but their family limits disclosure. Yoruba-Nigerian women, especially those who are married, are even less likely to disclose personal concerns to a counselor. Married women fear that their disclosure might embarrass their spouses and their family. (Idowu 1984)

Therefore, self-disclosure as used in Western counseling as a means of fostering a counseling relationship with a Yoruba-Nigerian is limited.

Hence, there might be a need for counselors in Nigeria to build a good relationship with their clients first to aid the counseling processes. This relationship might sometimes involve the

counselor in the personal life of the client. Here, the counselor cannot afford to act detached.

Individual counseling sessions are more accommodating for a Yoruba client who has finally learnt to trust his/her counselor than a group session where everyone is exposed to his personal problems.



PART THREE

Here, the focus is on developmental issues surrounding childhood, adolescence, twenties or thirties, forties or fifties and the later years.

For Yoruba in Nigeria:

The family plays a significant role in the lives of Nigerians. Parents and other extended family members exert considerable influence on children's decisions. Decisions such as career choice, choice of marriage partners, and relationships with other children are family-based. It is important for Nigerian counselors to know the decision-making apparatus of their Yoruba-Nigerian clients as most often, family members are an active part of decision making.

Nigerian children are reared according to prescribed sex roles. Boys relate most closely with their fathers and assume leadership of the home in their father's absence, whereas girls relate closely with their mothers and help in housekeeping. It is the father who has the greatest influence on children; he is responsible for their morals, values/ and attitudes.

Counseling Yoruba clients struggling with developmental challenges will need the involvement of the family. Yoruba had an adage “ba mi naa omo mi kodenu olomo” meaning “a typical Yoruba parent is not happy when their child is rebuked by someone else” so for effective counseling with the Yoruba teens family reconciliation is key.

Nigerians are more accustomed to authorities teaching or telling them what to do. The traditional African healing system is authoritative, and healers assume an unusual role of structuring and directing the process. Hence, counselors are likely to be perceived as authority figures, and it may be

necessary for them to assume this role when working with a Yoruba-Nigeria client. A democratic, nondirective counselor is apt to be seen by a Yoruba-Nigerian as weak, unconcerned, and incompetent. Counselors should define clients' roles and explain what is expected of them in the relationship. Nothing would be achieved if the counselor required too early in the counseling process that clients operate" on a do-it-yourself principle that they are not used to (Esen, 1972).

A counseling session that starts with a discussion of family interaction is more likely to negotiate client commitment and input than one that does not.

PART FOUR

This discussed counseling in view of interpersonal issues such as i) conflict and relationship, ii)sex apart from marriage, iii)sex within marriage, iv)homosexuality v)abuse and neglect.

For Yoruba-Nigerians:

In the Yoruba culture it's perfectly normal to call in a third party for advice when a marriage is in trouble so Yoruba men or women who agree to see a counselor when dealing with conflicts in marriage may be more cooperating and forthcoming in addressing the issues.

Nevertheless, sex is a part of the African culture that is not readily discussed either between spouses or with a third party. It is depicted as dirty and shameful. Yoruba men may talk about it



amongst themselves as prove of their sexual prowess but their women are not allowed to talk about their sex life, hence many endures terrible and painful sex even in marriage.

While it is often winked out when a Yoruba man had sex with an unwedded partner before or while in marriage, it is seen as a grievous and deadly sin when a woman is involve in sexual immorality or adultery. In fact, in some African culture an adulterous woman is compelled to make some sacrifices for atonement of her sin like sacrificing a goat, peacock etc.

Total submission for wives is emphasized in Yoruba marriages, thus some physical assault or beating might be seen as normal and allowed to correct an erring wife. Due to the challenging economic situation of most African countries most men often

leave home and their wives in pursuit of jobs or greener pastures. Some men can practically run away from home when they cannot meet up to their financial responsibilities.

Homosexuality is not acceptable in most African culture including the Yoruba's especially amongst men as it is seen not only as demeaning but as insulting to the male sexual prowess. The community totally disapprove of it while the various religious faiths terms it a sin, coupled with a recent bill passed in Nigeria senate stating homosexuality as a crime.

A good understanding of these cultures, traditions and its challenges are needed to effectively help Yoruba in Nigeria during counseling.

In summary, worthy of note are these observations listed below as regard counseling in the Yoruba-Nigeria context as differs with the Western counselling context;

1. Yoruba –Nigerians rarely come into a helping (counseling) relationship with only one problem. More often, they come with several interrelated problems (Mack, 1979). Therefore, counselors need to identify the theme of their' concerns in order to put other related problems into focus.
2. Yoruba-Nigerians are apt to drop out of counseling after the first few sessions if they are not given a directive structure or quick solution to their problems. Counselors may have to structure the relationship more concretely and adopt a "more directive approach than they would in the Western countries.

3. Yoruba-Nigerians typically come into counseling only in crisis situations. They seek help only when problems get beyond their control.
4. Yoruba-Nigerians are very suspicious of counseling and will only let out personal "secrets" (problems and difficulties) to "strangers" (counselors) in an atmosphere of complete mutual trust.
5. Yoruba-Nigerians' beliefs in family-supported ventures require that any counseling relationship take family support as an integral part. To encourage a (Nigerian) client to make self-centered decisions without regard for the feelings of the family may produce conflicts and prove disastrous (Esen, 1972).

The awareness of the peculiarity of counseling a Yoruba-Nigerian African in comparison to Western countries as discussed briefly above, will aid African counselors in interpreting and incorporating the various counselling skills and techniques to their Yoruba clients for effective counseling or even Western counselors when working with a Yoruba-Nigerian client.

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ONLINE COUNSELLING:
Mastering the skills needed

By Timi Oyebode(PhD) November, 2020

Working online as a counsellor, psychotherapist at a time when face to face therapy is either not possible or safe, has become a reality many therapists have had to accept. Hence, it's needful to know the nitty gritty involved in offering technology-based counselling safely and effectively.

There had always been a debate about the use of technology in counselling & psychotherapy. However, the covid-19 crisis that hits worldwide had brought in more dimensions to this view.

Also known as e-therapy, telehealth, video counselling, e-counselling amongst others, it is basically a process that involves the therapist providing psychotherapeutic support over the internet.

Before going on into technology-based counselling, it is needful to reflect on your own attitude, experiences and practises as related to digital technology. Your previous attitude to technology and the social media world would play out a lot here.

Please note that online counselling is not for all therapists, however, it's better all experienced therapists have knowledge of it, in case of unavoidable need for online counselling, especially when it is impossible or difficult to have one on one physical sessions.

Assessing Counsellor Competence for Online Counselling

Every counsellor must assess their reasons and their own competence to work online; these may include;

-If the counsellor is already working with the client and needs to continue.

-If the counsellor is experienced

-If it is really urgent, the client must go in for therapy.

Assessing Clients Appropriateness for online Session

NOT all clients can be taken online

Here are some factors to consider for a client before booking them for online sessions;

- -client has a laptop or communication gadget that is protected with access to data.
- -client has sufficient hearing to manage long phone/video calls.
- -client not having issues with reality testing.
- client is keen to engage, but having timing challenge (ie parenting, house chores)
- -client not high risk-ie suicidal
- -client having difficulty getting a quiet or private space
- -client doesn't have sole access to smartphone, laptop etc or is anxious using one.

Technology, Legal & Ethical Issues

- A core ethical requirement of counselling is that it must be done securely & confidentially, but it needs to be understood that 'absolute security in the digital world does not exist'
- Counsellors must take steps to maximize the security and confidentiality of any information from their clients.
- -Use providers & electronic platforms that meet standards for healthcare digital communication
- -Avoid using unsecured WI-FI, keep firewalls & virus protection up to date. Use password protection and encryption and inform client to do same too
- -Ensure communication with client cannot be overheard or seen.

- -Protect against electronic data breach by 3rdparties, platform provider, physically.

Benefits of Online Counselling

- Flexibility; As counsellors can manage to do other things easily in between session
- Cost effective; mobility, space and other cost would be removed



- No travel time; counsellor can have more time to do other things
- Expand client based; clients would access counsellor even from outside the counsellor's location,
- Increased honesty/ Intimacy in therapeutic relationship

- Depth of exploration, as instead of interrupting a client's internal conversation/ engagement after a session is over, they still have opportunity to explore alone

Challenges of Online Counselling

- The client has extreme controls, he can switch off and suggests it is a network fault.
- Network could actually fail
- Counsellors needs to invest in multiple technological gadgets as if one fails, the other could be available
- Confidentiality not 100% guaranteed
- Burn out more likely for counselors

Samples Of Online Counselling

VIDEO BASED- This is the closest to face to face counselling and here, you must consider the client, space for offering video, your Equipment, contingency planning (Plan B) and your self-consciousness on screen. Zoom & wecounsel.com are video based platforms you may consider. Zoom has a sharing platform to allow you to show something to a client, it allows you to record but once you click that, your client will see the record button. It is NOT recommended to record. You can also change background from settings. Be weary of anywhere you have to input clients name & number before access

AUDIO ONLY OR PHONE- this a bit more common and had been in use longer, originally reserved as crisis call hotlines. You need to consider your own attitude before now to either a phone or audio only call, which were more in tune with before. Audio counselling allows for anonymity, no self on screen distraction and could make conversation more detailed and explicit. The potential danger includes how to understand and manage silence as well as understanding without seeing the individual's body language

TEXT BASED- This could be chats or SMS, basically a lot of typing is involved. It could be real time or time delayed. It encourages expressive & reflective writing, hence articulating interior processes. It helps the counsellor have a written record of session and allow both client & counsellor to go back and review the interaction. The challenges here include the fact that everything between counsellor &client (empathy, trust, concerns, support, presence, bonding etc) would be communicated in writing. Not all clients can use writing therapy. The counsellor must master picking the emotional context behind a word, using uppercase or lowercase intentionally, putting words in bracket, adding … between words, Pauses and delayed responses (PFT- Pause for thought) can be introduced to client to state once not typing, understanding abbreviations- Lol, IMS(I am sorry), BRB.



ONLINE BURNOUT

Indicator;

- Feeling overwhelmed/stressed/angry
- Fatigued, exhausted, trouble sleeping
- Falling sick
- Inflexibility of thought
- Disengaging in session with clients

Ways Out;

- Managing the time frame to accommodate sessions

- Maintain a reasonable number of clients per day
- Use a comfortable chair
- Periodically sanitize your head/earphone- infection
- Have self-compassion on yourself, self-care is key.
- Change something about you to reduce routine boredom

IN ALL,

- Find a suitable technology platform
- Get your Smart device ready
- Ensure it's a private space
- Ensure confidentiality & contracting (indemnity clause included) form is ready
- Advertise & get client
- Prepare for session
- Prepare client for session
- Have a back up plan
- Engage & Practise

Online counselling is better used by an experienced therapist, remember passion is never enough for practise, learnings skills are needful to be a good therapist. @ADICounsellingschool, we train and equip professional counsellors, and learning is continuous.

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GROWING THROUGH LOSS, GRIEF AND TRAUMA: How Parents and Guides Can Help An Adolescent

By TEMITAYO, O. OWOSINA. NOVEMBER, 2020

INTRODUCTION

"Grief has two parts, the first is loss.
The second is remaking of life"
Roiphe, A.R, 2009, Epilogue, A Memoir

Families across the globe experience grief at different levels. The global pandemic that hit the world in 2020 and the post COVID effect exacerbated this reality. From the loss of time, space, opportunities, dates, pre planned significant life events and persons (either of a loved one or distant relative). Every child has the right to grieve in a healthy and meaningful way. The death of a parent or loved one often seems to be one of the most difficult losses and childhood experiences a child could have, especially adolescents. Children are especially vulnerable to psychological problems after the death of a parent

or sibling. Their vulnerability may be exacerbated by survivors who, because of their own bereavement, may not be able to provide sufficient comfort and support.Käthe Kollwitz, 2020, Killed in Action. Children feel the loss strongly. Every member of the family and friends is coping with their own grief. If a parent dies, the surviving parent faces the new responsibility of caring for the child(ren) alone. Immediate, extended family members and friends are affected too. There are post-risk factors that make a child more likely to experience mental health problems and there are things parents and other adults can do to mitigate these factors and support the child to grow through grief.

Adolescence is a vastly different stage of development than that of childhood. Even though 18 year olds are considered late adolescent, brain development is still occurring. In fact, the adolescent brain is not fully developed until mid 20s. The experiences of loss, grief, and trauma can have an indelible impact on the physical, social, emotional, and cognitive development of adolescents. This can then affect development and growth into adulthood. Given this premise, it is important to focus not only on loss, grief, and trauma that occurs during adolescence but also on the needs of adolescents as they make their way through the emotional labyrinth dealing with these various experiences.

Adolescent's grieving and response to trauma is paradoxically continuous and intermittent (Balk & Corr, 1996). This can be quite confusing to the adolescent's family, friends, adolescent himself

and others in his support system. The cycle can look like;

1. Isolation
2. Appearing Sad
3. Basking in life
4. Return to deep grieving

However, it is important to keep in mind that some adolescents are naturally resilient, and have support systems in the form of family, religious or spiritual systems, and caring others that aid them in navigating and coping with loss, grief, and trauma (Malone, 2012).



FACTS PARENTS AND OTHER ADULT SHOULD KNOW ABOUT ADOLESCENTS' RESPONSE TO LOSS, GRIEF AND TRAUMA

1. Adolescents live intensely in the present and the experience of a death loss causes them to unexpectedly look into the future at the possibility of their own death (Kandt, 1994).
2. Adolescents are often invested in projecting an image of independence and control over their lives, not wanting to need adults.
3. They may delay or repress their grieving in order to keep up this appearance.
4. Adolescents can look like adults in physique, body development, and attire yet still struggling with the emotional immaturity of their age (Noppe & Noppe, 2004).
5. The experience of loss, grief, or trauma in adolescence can upset or complicate, but most certainly have an impact on, identity formation, which may already be unstable (O'Brien, Goodenow, & Espin, 1991).
6. Adolescents have not developed the social or emotional maturity to fully incorporate and process loss, grief, and trauma experiences into a coherent worldview (Rowling, 2002).RISK FACTORS

Risk factors are those variables in an adolescent's life that add to the difficulty he may undergo when experiencing loss, grief,

and trauma. (Balk, 1996; Brown & Gilligan, 1992).

They may include;

1. The experience of previous losses and traumatic experiences
2. Isolation
3. Few friends or close relationships
4. Problematic relationships with friends or family
5. Substance use and/or abuse
6. Low self-esteem, and poor school performance
7. With no one to whom he can turn or with whom he can talk, an adolescent is left with his own thoughts and feelings, with little to no ability to gain perspective.
8. The subjective experience of loss, grief, and trauma can be extremely lonely and isolating, adding to or promoting dysfunctional thoughts and behavior.
9. Problematic relationships with friends or family members.
10. Familial risk factors of severe emotional turmoil as it relates to a member of the family that has medical, mental health, substance abuse, or anger management problems.



WHAT EVERY PARENT AND OTHER ADULT NEED TO BE MINDFUL OF DISENFRANCHISEMENT

This occurs when an adolescent's grief is inhibited by established “grieving norms" that deny grief to persons deemed to have insignificant losses, insignificant relationships, or an insignificant capacity to grieve” (Doka, 2002, p. xiii).
Adolescents may be excluded and omitted from funerals and memorials of a deceased peer or classmate because they are not family members. This is also true for ex-boyfriends or ex-girlfriends. There appear to be grieving rules that “limit grief to the deaths of family members,” thereby disallowing, or “disenfranchising,” an adolescent's grief in response to the death of a peer (Doka, 2002, p. 6). Adolescents have few rights as mourners (Sklar, 1991). They are at times viewed as not having the capacity to grieve, and are typically advised to focus on their schoolwork and other relationships.

WHAT ADOLESCENTS NEED

When adolescents are struggling with loss, grief, and trauma, they need support and they also have expectations of their parents and other adults during this important time.

1. FAMILY CONNECTION

Support provided by an adolescent's family, whether defined as parents, extended family members or relatives, or other adults in her life, is imperative to an adolescent facing loss, grief, and trauma. She may at times look like she is doing well, and other times seems to completely fall apart. Parents and other adults may perceive her as being alternately overly dramatic and aloof. This can be confusing to parents, especially if their adolescent is someone who previously handled and managed multiple school tasks and projects as well as a busy social life. Adolescents experience complex and intrusive thoughts and feelings associated with loss, grief, and trauma, which can lead to fear and confusion.

2. POSITIVE COPING SKILLS

Adolescents benefit from being taught positive coping skills from the caring adults in their lives. The hope is that parents and other caring adults have themselves developed appropriate coping skills in response to their own life challenges. Instances of loss, grief, and trauma in adolescents' lives offer the opportunity for adults to provide them with life wisdom and

guidance.

3. HEALTHY DISTRACTIONS

Adolescents also need to be provided with some healthy distractions such as physical activity and other interests during challenging times. This gives them permission to enjoy a time out from grieving and reassurance that life can still offer good times that include laughter, fun, and silliness. Adolescents need to be able to problem solve and must have this modeled for them as they navigate the fallout from loss, grief, and trauma. They will be able to do so if they are taught the techniques of healthy emotional regulation, for which they need adults in their lives. members such as parents and other caring adults often have great influence on adolescents. They are typically the first models of how to handle loss, grief, and trauma experiences.

4. PEERS AND FRIENDS

Most adolescents tend to seek out their friends and peers when going through a loss, grief, or trauma event, and they may feel most comfortable receiving support from their friendship and peer systems. They highly value their friends and understand the importance of maintaining these relationships. They receive trust, support, loyalty, and empathic understanding from friends during difficult times. With the cognitive changes taking place during adolescence that allow for understanding another's perspective, they have an increased capacity both to be there

for one another and to seek out reciprocal support and understanding.

5. VOCABULARY OF LOSS, GRIEF, AND TRAUMA

Many adolescents do not know where to begin to talk about their loss, grief, and trauma responses. This stems from growing up in a death denying society where grief and death are rarely discussed in either the home or the community, although they are a very real part of life. Yet loss, death, and the grief that follows are universal experiences that everyone encounters regardless of culture, gender, socioeconomic status, or religion. Often, adults do not want to burden someone so young with thoughts of loss and death, and often tend to leave adolescents out of the decidedly adult conversation about decisions made or responses to loss, grief, and trauma, especially within the family unit.

6. SYMPTOM MANAGEMENT AND REDUCTION

Adolescents are often overwhelmed by the inconsistency and intensity of their emotional range in response to loss, grief, and trauma. Again, they are going through a normal developmental period of emotional growing pains. Yet to develop the ability or bandwidth necessary to recognize and emotionally regulate their responses and reactions. However, once adolescents learn to recognize and acknowledge their physical, social, emotional, and cognitive responses to loss, grief, and trauma, they can then

be taught to both manage and reduce their symptoms.

8. THERAPY

From talk to art, grounding techniques, other techniques and approaches, grieving adolescents benefit from therapy. In therapy sessions, some adolescents may become overwhelmed by their thoughts and emotions as they talk or think about their loss, grief, and trauma experiences. They describe a sensation of floating away or not being able to stay present in the room or in the moment. This is the system's way of dissociating or disengaging from thoughts, feelings, or simply making an appointment with grief. Guided by a professional, an exercise can be modelled in therapy tailored towards focusing on the feelings, thoughts, and memories related to an adolescent's loss, grief, or trauma experience. With Teen Guide By Design ™, we equip guides and parents with tools and skills required to walk their adolescents through difficult emotions.

CONCLUSION

1. Every adolescent has the right to grief in a healthy and meaningful way.
2. No child should be rushed through grief or turned into an adult just so that they can catch up with life and adults in their lives.
3. Response to loss, grieving and trauma can be quite paradoxical. Adolescent's grieving and response to trauma

is paradoxically continuous and intermittent (Balk & Corr, 1996).

4. To mitigate the risk factors from grieving, parents and other adults need to be aware of disenfranchisement because every loss means something as long as an adolescent is affected.
5. Parents and other adults need to be aware of the basic facts of the experience of loss and how it is showing up for young people.
6. Parents and guides need to get training that can help them give adequate support by understanding the core needs of adolescents, to help them grow through their loss, grief and trauma.

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