Logotherapy
and Cultural
Development

Rachel B. Asagba

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Dedication

The book is dedicated to the Almighty God who made the impossible things to be possible, my beloved children, Tundebola and Olatunde Asagba, for making life meaningful to me; and my great teachers, Dr Mrs E. Lukas, late Professor V.E. Frankl in Vienna, Austria and the late Dr J.P. Fabry of USA, for their inspiring and educative books.

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CHAPTER ONE

Introduction

Preamble

Psychologists and other social scientists are now beginning to appreciate the importance of culture in studies of pioneer anthropologists and other related scientists such as Talbot (1926), Taylor (1891), Leofrobertus (1913), Rattray (1969), Huxley (1930), Evan-Pritchard (1965), Malinowski (1932), Nketia (1979), Oke (1984), Levi-Strauss (1963), Radcliffe-Brown (1952), Leakey (1970), Andah (1982), Beveridge (1969), and Mead (1955). As a result of these developments, efforts are now being made towards cross-cultural studies.

Having found culture as a complex issue to study, it then becomes more difficult to even get a unified definition for culture. For instance, many scholars had defined it in rather different but vague ways. Whatever definition is given to our concept of culture, one should bear in mind that it is erroneous that science originated in the West for the use of the Third World. However, culture is simply defined as a way of life of people as opposed to ideas. Human expressions are communicated through language such as the following:

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language, which could be oral or written; plastic and graphic arts; the performing arts (drama, music, dance); technology (i.e. applied science); religion and general world view (Andah, 1982). These could be learned through socialisation of new members into the society. For example, in order to survive as a person or as a society, a new child must learn the ways, manners and technology of the people around him or her until his or her old age. This is done through both formal and informal form of education. After undergoing the process of learning, the society's main expressions depend on the individual's personality, which is the person's total reaction to the environment. This is the reason why culture, society and personality are inseparable in practice. In sum, every person proceeds through a series of stages in life from infancy – childhood through adolescence until adulthood and old age.

At each stage, the individual is faced with certain problems, which he must master with all seriousness before proceeding to the next stage in life, such persons are known by the society to be successful and happy. There must be an accomplishment in each of the developmental tasks such as feeding, working, schooling, marrying, choosing a career and so on. Therefore, each age can be measured in terms of how well a person has mastered the developmental tasks he has faced about himself, about other people and finally about the world in which he lives. An individual that has mastered all these tasks well is known as a well-adjusted person psychologically.

Adulthood is a state when man seeks to discover, renew and adapt to life processes. It is the time for an individual

to assess and reassess his or her life, accept the shortcomings and determine goals, values and purposes. The ability to assess one's life in terms of values, needs, and aspirations and to act in a manner that may lead to personal fulfilment correlates with maturity. For some people, this period of changes could be very stressful, while for others it might not.

Adulthood is within the ages of 17 to 45 which corresponds with university education days. For example, early or young adulthood, for some theorists, begins from the period when students seek admission into the university through Joint Admission and Matriculation Board (JAMB) for their undergraduate programme. This period is known as early adulthood or middle age by some theorists like Erikson (1963); Buhler (1967); Jung (1971); Levinson (1977 and 1980); Havighurst (1980) and Could (1978). They have also shown that early adulthood and middle age are the most crucial periods because they are the time for trying out different lifestyles.

At this period, most important decisions that would affect the future have to be made. It is, therefore, not surprising to find some newly admitted students locally called "Jambites" being unable to cope with campus lifestyle, their academic work and university rules and regulations as well as other peer pressures. Some even take to drugs or engage in cult activities to cope or adjust to the campus stress. In other words, while some cope well with the new situation, others do not. Older adults also face life changes. Outside the university, individual adults sometimes have some changes in life when they quit their jobs, get married

or leave their spouses for other lifestyles. But such are not as common as in the case of career orientation of the university days. The rapid growth of modern technology and globalisation process in this century has provided more opportunities. Increasing choices for self-fulfilment and utilisation of human potential is a great new alternative to living. However, it could also accelerate more stress because, sometimes, it is not easy to choose the best from available alternatives.

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

Logotherapy as a field of study is one of the psychotherapies grouped under existential psychotherapy. It is a therapy through inner meaning fulfilment that implies that man's motive in life is to constantly search for meaning. Late Professor Viktor Emil Frankl, who is popularly known to belong to the third Viennese School of Psychotherapy, founded logotherapy or existential analysis (Existenz Analyse in German language). As Frankl (1967 and 1988) has pointed out, logotherapy was named from the Greek word, "Logos" that means "the meaning of being." Therefore, logotherapy is a "therapy through meaning." It is also known as a therapy "through searching for the meaning" (Fabry 1987 and 1981) or "treatment through finding meaning and purpose in life" (Grumbaugh, 1988). Logotherapist energises

the meaning of the potential in each person that is, the ability to use some of the logotherapy concepts. Finding meaning to life's situations is therefore the centre of the therapy. Many individuals are helped to maintain mental health through the search for meaning and adaptation to their life changes.

Logotest is one of the standardised tests used in both Europe and the USA to measure inner meaning fulfilment. Generally, it has been discovered that people with low inner meaning fulfilment always question their existence in life. Frankl (1988) used to quote a philosopher and scientist, Albert Einstein, who said, "Whoever regards his life as meaningless is not merely unhappy but hardly fit for life." Therefore, logotest is a useful instrument to measure inner meaning fulfilment from early adulthood to old age or later years.

Today, things are not the same as they were in the past. Existential crisis or the meaninglessness of life is the predominant factor affecting individuals either directly or indirectly all over the world. Kroon (1997) demonstrated this view by pointing out the rise from one per cent to five per cent in major depression cases in world population in the last fifty years. This was also confirmed by Kroon's (1997) study conducted twenty-two years ago in the USA, where an increment of three to sixfold of violence and deviant behaviours existed among six hundred children sampled. In addition to this, he also found out that three out of five marriages studied ended in divorce and resulted in distressed children. Africans are not left out of these social menaces because of many changes they underwent through slavery, colonisation, and short-lived democratic governments.

In the past decade of the 20th century, the social transformation from both political and economic crises has made people in Nigeria to be hopeless and helpless in facing their daily life situations such as constant fuel crisis, high costs of living, etc. All these problems are further confirmed by Andah (1982), who said, "In many ways, Africans are still in rudimentary societies beset with problems of poverty and malnutrition, disease and spiritual confusion and disorientation. In the case of Nigeria, these problems are further complicated by inter-ethnic strife and conflicts and all that such strife brings with it." Also, Ogunsanya (1998) posited that Nigerian students have the highest rate of violence all over the world.

Generally, there have been tremendous changes in the social structure all over the world but Nigeria has the greatest share because of the nature of its past history, which was primary as members of a fixed kinship or ethnic group. There is no longer a collective responsibility but individualism. Moral value, which used to bring people together, has disappeared. As a result, there is nothing to leave behind for the next generation to emulate. The extent of the problems faced by the University of Ibadan students had been highlighted by Ogunsanya (1998) with data and table presentations of the number of frequency of misconduct and maladaptive behaviour of students from 1992 to 1998, which is extended to 2000 by the author (*see* Appendix 1 - 5).

Many crises involving violence and cultism are now prevalent in Nigerian tertiary institutions and there is need to find a suitable diagnostic tool for identifying not only these antisocial behaviours but also people in crises. Kroon (1997) gave five major causes of the problems facing people

in western countries, which could also be the causes of problems facing people in African cultures as we are now globalised. The first cause of the problems indicated by Kroon (1997) is the "high competitive complex world" we are all in now (both African and Western cultures).

Also, the African population is increasing rapidly, as a result everyone wants to be educated and get white-collar jobs with high pay, neglecting farming and other menial jobs. Hence, this could result in both physical or emotional distress when some individuals could not reach their life goals or purpose in life. This is what Frankl called "existential frustration," which may lead to the feeling of inner emptiness that is, the feeling of meaninglessness or "existential vacuum." This had been confirmed by Frankl from many studies in his several books, where he expressed that the feeling of meaninglessness is an "inner emptiness" of the youths which has been the major cause of the alarming rate of drug abuse, sexual misconduct and the high rate of cultism. Despite all efforts in eradicating cultism by individuals, churches, mosques, the courts and the government in general, cultism is still on the increase because cultists remain adamant in their nefarious activities.

The second cause of the present world existential crisis according to Kroon (1997), is the issue of modern values and beliefs that had eroded the traditional values that was once enjoyed by the older generations. These new belief systems are not fitted into the maintenance of "integrity and spiritual needs of people." As a result of existential frustration such people might experience existential vacuum and neurosis.

The third cause of the problem facing the African culture is that when one's ability to maintain one's integrity and achieve self-actualisation is disturbed, one's ability to interact well with fellow beings will be affected. As a result, "conflict or withdrawal of oneself or depression" will follow such a situation. This is experienced by some people in African culture. There is the need for research in this area in order to know the extent of the prevalence of such cases in Nigeria.

The fourth cause of the problem facing us is lack of communication, or when there is no good communication between Africans in their interpersonal relationships, social isolation is the effect . Lack of good interaction experienced by some segments of people in Nigeria.

Finally, the fifth cause of the problem facing us is the effect of social isolation that causes the loss of man's reality which may lead to psychosis, paranoia, violence and so on. This is because man's concept of reality is maintained through interactions with other people. After going through the above-stated five causes of the problems facing the Western and African cultures, there is the need to accurately assess these behaviour patterns from a psychological point of view, apart from the usual traditional diagnosis which will be explained later in this book.

The general purpose of this study is to improve the psychological assessment of psychological well-being and psychopathological or psychological disorders in Nigeria as it has been done in Europe and America thus initiating the standardisation process of the logotest among the University of Ibadan students' population. It is also to establish

a table or profile for the students (both undergraduate and postgraduate). Specifically, the study's goals and objectives are summarised as follows:

- To standardise the English version of logotest among the university students.
- To do a comparative analysis of the present findings with American and European standardised norms as indicated in the logotest manual.
- To determine the distribution patterns or profiles of IMF among students.
- To find out the extent to which ethnic groups (Yoruba, Hausa and Igbo differ from each another in terms of "inner meaning fulfilment (low or high).
- To differentiate between ages, social economic status, sexes and other personal characteristics.
- To lay the foundation for a Nigerian version of the logotest on which future data could be built.

Finally, and very importantly, this study seeks to investigate whether or not factors such as self-esteem, stressful life event scale and life satisfaction scale are indeed correlates of IMF among the University of Ibadan students.

Culturally, this finding has both non-clinical and clinical as well as theoretical relevance. This is because there are very few researches generally on the diagnosis of the mental status or psychological well-being of students with the intention of providing intervention as the primary concerns, goals and objectives. The few studies available are not directly focused on students alone as they lack the experimentation or are weak. Although, many tests had been

standardised, modified or developed by Nigerian researchers, these tests dealt with mental ability such as intelligence test as well as aptitude and achievement tests but very few on personality tests. For example, Shittu (1986) standardised Stanford Binet's Intelligence Test for the Nigerian children population, while Berner (1998) standardised the Minnesota Multiphasic Personality Inventory (MMPI) - 2 Scale in the Yoruba population in Ibadan city. Yoruba students could only use this kind of scale.

Other available tests are Awaritefe Psychological Index (API) developed by Awaritefe in 1982; Enugu Somatisation Scale (ESS) developed by Ebigbo (1981); Adolescent Personal Data Inventory (APDI) by Akinboye (1982); School Readiness Survey (SRS) by Jordan and Massey in 1975, while Awaritefe and Ebie (1982) devised Nigerian norms for the test; Crown Crisp Experimental Index (CCEI) was standardised by Ihezue and Kumaraswamy (1983); Herman's questionnaire standardised by Eyo in 1986; General Self-esteem Scale developed by Adanijo and Oyefeso (1986); Task Specific Self-esteem Scale developed by Ehigie (1993); Self-esteem Game (SEG) by Omoluabi in 1979; Psychological Impairment Index (PIL) by Osinowo in 1990 and Marital Satisfaction Scale (MSS) by Osinowo and Oyefeso (1989). All those above-mentioned tests could only measure one or some aspects of mental test or aptitude achievement or personality test but not inner meaning fulfilment. At present in the University of Ibadan, only one counsellor is employed in the counselling centre and the few available tests are not enough to measure all the dimensions of psychopathology. Therefore, they are limited in scope.

Despite the growing evidence of psychosocial deviant behaviours such as examination malpractices, stealing, violent activities, cultism and various other social ills among the students in the university, there are not enough counsellors to administer psychological tests to the newly admitted students (Jambites) and to monitor their behaviour through periodical psychological and sociological assessment with follow-up. During my interview with the university students' counsellor, she admitted that she was the only one in the office and she was much more involved with administrative matters and could not create enough time for her own personal activities. The results of the study will help the researcher not only to diagnose but also to help in designing a logotherapeutic preventive programme as well as a logotherapeutic intervention programme. Most of the university programmes had been made to curb cultism and other maladaptive behaviours which were based on curative rather than preventive measures. It is high time the university programmes are geared towards preventive measures.

Efforts are made in the suggestion section of this study to enlighten the university authority and the counsellors to start making use of logotest as one of the battery tests for the yearly new incoming students and also at the middle of the semester another logotest with other battery tests should be made and the results kept in students' files at the counselling centre. This will act as part of continuous assessment in regard to psychological well-being and character building as well as part of the university's philosophy in granting students university degrees.

The findings will not only help the counsellors, student advisers and other people in authority in the university, but also the parents and guardians as well as the public at large. For example, the Federal Government, universities and other relevant authorities, who are still failing to provide solutions to the problems of students in their domain, should understand that there would not be reliable solutions to those psychosocial menaces, unless the root is found. Therefore, a diagnostic tool is needed to identify the potential students who are likely to be pressurised by their peer group among the new students (Jambites) during the first orientation day into the university.

The present study is to standardise the logotest by creating a table norm for the University of Ibadan students based on our culture upon which the diagnosis of the students would be based. Since the logotest was created in Europe and standardised in the USA, it also would pave way for a longitudinal study of four years in which the incoming 100 level students will be followed up till 400 level. Both the clinicians and non-clinicians who deal with students in the University of Ibadan could easily administer the logotest. The relevance of the study could be summarised as follows:

- The result of the findings will not only be significant in creating a norm but also be useful for students of other Nigerian universities and training centres for youths.
- An intervention or therapy plan could be developed that would help the students with high scores in IMF.
- The result could also be used to foster cross-cultural and interdisciplinary communication, nationally and

internationally.

- The early diagnosis of psychological disorders or maladaptive behaviours such as students with very high IMF can reduce the amount of money spent on mental health and security men in the campus.
- It can be a spring board for the creation of a norm for the Nigerian population and for the training of logotherapists in Nigeria.
- It is the only unique test that could easily be administered with intervention or therapy plan indication by both clinicians and non-clinicians.

In this chapter, the importance of the role culture played and the nature of complexity in its definition by various researchers in social science and anthropology have been explained. Not only culture, but also the society and personality which are complex inseparable factors in nature, have also been examined. Discussed briefly were the stages of life from infancy through adolescence to old age and people faced with different developmental crises (that everyone must pass through). The ability to adjust or adapt to the environment played a great role in psychological well being of a person. It was noted that apart from the developmental problems, global problems within Nigeria take the greatest share. For instance, university students have not been spared from psychosocial menaces where criminal activities, cultism and violence are prevalent in all our universities and other tertiary institutions. The problem identified all these psychosocial menaces with some studies that had been carried out in the university. For example,

not enough psycho-diagnostic tools and counselling of the students are available at present. The major factors of interest to the study are their implications for early identification of students who are prone to engage in such deviant behaviour. The objectives of the current study and their consequences for clinical, theoretical and psychotherapeutic application were also discussed.

CHAPTER TWO

Culture and the Nigerian

As already noted in the introduction, culture has been a very difficult issue to define by past researchers and it remains so to the present day. Individuals often misunderstand the meaning of culture. As a result, they often speak of culture as synonymous with education because they apply the term "cultured" to educated people and "uncultured" to people without education. Whereas it is impossible for a person or a group of persons to lack culture because culture comprises the entire accumulated body of ways of thinking and acting among a human group. Therefore, it is necessary for individuals to share in the culture of their group.

Anthropologists, sociologists and other social scientists have defined culture in many ways. For instance, Spencer (1968) in his *Principles of Sociology* defined culture as "the super organic environment as distinguished from the organic or physical and from the organic in the world of plants and animals," while the super organic is thought to be an environment peculiar to man all along, the other two he shared with lower animals.

Malinowski (1932) defined culture as the "cumulative creation of a man." Also, an English sociologist, Graham Wallas (1891) cited by Koenig (1968), went further by conceiving of culture as an accumulation of thoughts, values and objects. That is, social heritage acquired through learning and distinguished by biological heritage passed automatically from one generation to another. In this view, Taylor (1891) defined culture as "that complex whole which includes knowledge, beliefs and morals, laws, custom and other capabilities and habits acquired by man as a member of society." Many authors shared this view, such as Andah's (1982) view which has already been discussed in chapter one as well as Linton (1936) who viewed culture as the sum total of knowledge, attitudes and habitual behavioural patterns shared and transmitted by the members of a particular society. Likewise, Kroeber (1948) postulated that culture is the mass of learned and transmitted motor reactions, habits, techniques, ideas, values and misused behaviour. While Kluckhohm (1951) viewed culture as the historically created design for living known as cerebronic personality and take delight in restraining, cautioning, sensitising and intellectualising himself. Unfortunately, there were no proofs to support this theory.

Still supporting Taylor's (1891) view, Uka (1973) noted that culture is the answer to the need for adaptive behaviour in man. That is, the patterned activity of man which is invented and discovered to be socially learnt, shared and transmitted from one person to another and from generation to generation. Since culture is a learned behaviour, its principles must be "examined and incorporated into our

understanding of the functioning and dynamics of culture." The cognitive blueprints that culture provides are those that govern actions of members of the society. This transmission process (like many other previously cited authors) included both primary and secondary social groups. In other words, culture consists of a set of patterned behaviour with its attributes such as techniques, beliefs, values, myths and rituals. In the same view, Kluckhohm (1952) examined more than a hundred definitions of culture by anthropologists and found only a common attribute of culture which is "learned and that the learning is related to the social arm of the society." Oke's (1987) conclusion was that culture should be referred to as "the distinctive way of life of a group of people and their complete design for living" because the usage would help people to understand human behaviour.

In Psychology, Triandis (1972) distinguished between subjective culture (such as categorisation, beliefs, attitudes, norms, role definitions or values and objectives) and objective culture (such as tools or roads). But Skinner (1981) defined it as a complex schedule of reinforcements. Similarly, Hofstede (1991) viewed culture as being to humans what a programme is to a computer, Goodenough (1970; 1981) as shared behaviours cognitive systems, Pelto and Pelto, 1975) as shared meaning, Shweder and LeVine (1984) as shared symbolic system, Geerty 1973 and Schneider (1968), as shared cognitive maps, Mardock (1945). In sum, Travis (1988) gave a similar definition that "culture is the accumulation of values, rules, behaviours, forms of expression, religious beliefs, occupational choices and the like for a group of people

who share common language and environment." From all these definitions one could see that culture is a psychosocial environmental influencer, which determines the types of values, behaviours, expressions, occupations, and belief systems one is going to operate in life. Through positive and negative reinforcement of behaviours, the adapted behaviour (as other previous authors view) from learning process moves from one generation to another.

In recent times, psychologists and anthropologists had gone into in-depth study to analyse culture variables. For instance, Berry *et al* (1992) came up with some characteristics of behaviour and mental processes that are typical of some cultures and grouped them into two, namely, individualists and collectivists. Individualists see personal identity as their primary goal such as competition with one another, uniqueness, and realisation of personal potential ability defined goals. Furthermore, they believe that their successes are the results of their personal efforts while failures are not from them but from external factors. But collectivists see themselves in terms of others or defined by others in the group. Therefore, group belongingness, their obligation to their members as well as the ability to remain in the group are their primary focus. Their success is seen as the result of the members' efforts and their failure are usually seen as their personal fault which is the opposite of individualists.

Markus and Kitayama (1994) and Triandis (1990) noted a variation in the degree of social control (imposing tight or loose rules on social behaviour) in terms of emphasising achievement and the importance of time.

Culture is usually related to a certain country whereas

in reality many countries and multiculturals house many subcultures within their territories. Such subcultures came from different ethnic origins. For instance, United States has a mixed population of American-Indian; African-American; Hispanic-American or European-American and so on. These people identified with their cultural origins and form a subculture. Also, many people who came from different countries, for instance, Portuguese, Brazil and some parts of the African states in pre-colonial era to settle in different parts of Nigeria, carried along their culture with them till today.

Presently one could see this in the Sabo area in Ibadan where the Hausas live and practise their culture. The Igbos also live in the city and practise their culture. This could explain why there is a Nigerian culture despite the different ethnic groups in Nigeria. Sometimes, they are not aware of differences in how individuals, culture and subculture had shaped their patterns of thinking and behaviour until they are in contact with other people with different culture. Tannen (1990) noticed some misunderstanding between individuals even from the same culture, which is found to be subculturally influenced.

Psychologists are now working on studies in cross-cultural differences. Instances are Triandis (1964) in social cultural variables, likewise Albert (1988), Riger (1992) Travis (1988), Triandis *et al* (1993), Lonner and Malpass (1994) in their various studies. There is a future ahead in cross-cultural research which is in progress since psychology is trying to maintain the fact it is the science of all behaviour and mental processes according to Bernstein *et al* (1994).

Nigerian Culture

Nigerian culture cannot be discussed here without mentioning the location, size and people of Nigeria as shown in the map of Africa. (Map 1). Nigeria is situated almost at the centre of the curved left side of the map of Africa. That is why it is generally called the armpit of Africa. The equal distance from the other extreme side of the continent has made it easier to travel by air to other parts of Africa at a relatively short time. To the West lies the elongated territory of Benin while to the North is the semi-arid country of the Niger Republic and to the East lies the sub-equatorial Cameroon, the country lies roughly between longitudes 30 and 140 north of the equator and is surrounded by French-speaking West African countries except in the South where it is bordered by the Atlantic ocean.

Rahman and Toubia (2000) wrote 118 million as the population of Nigeria, 1,000 km in size and 280 US dollars per capital GNP (Gross National Product) for the income of Nigerians. In addition, the number of women is 100 per 102 men. The human variety is another remarkable thing: the Yorubas, Igbos, Edos, Efiks and so on are mainly the inhabitants of the South, whereas the primary groups of the North are the Hausas, Fulanis, Tivs, etc. The northerners are people that are often dressed in white costumes pertinent to their culture, *agbada, buba* and *iro* belong to the Yorubas while the Igbos wear George wrappers and blouses. For the purpose of this book, the following three major languages or ethnic groups would be described here.

The Yorubas are the Yoruba-speaking people in western part of Nigeria, pure negroes and the largest of the southern
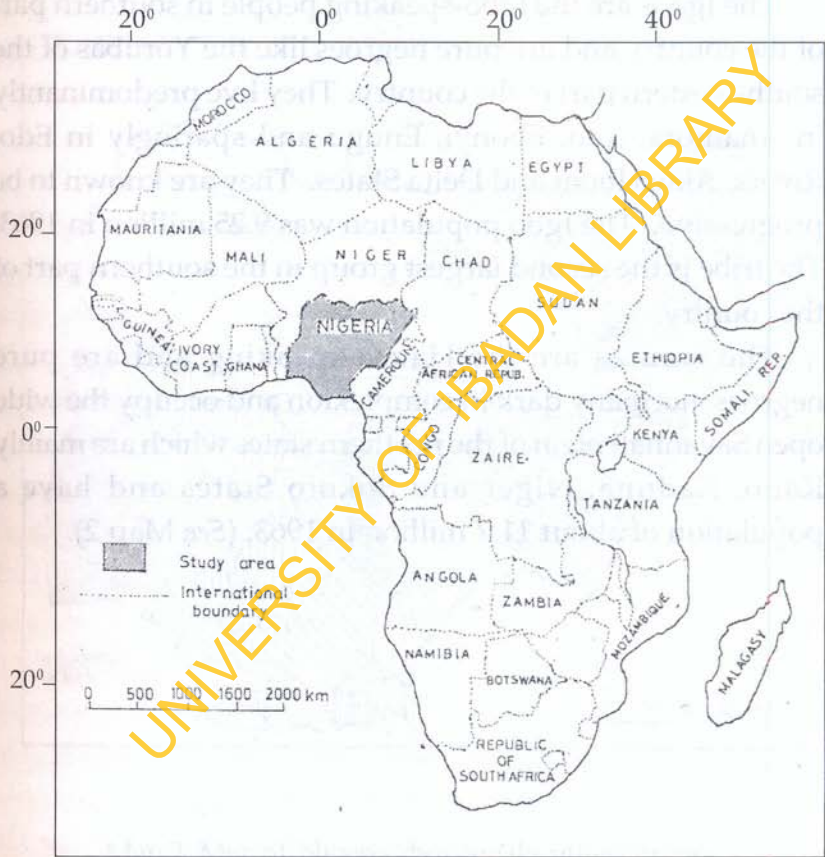
Map 1: Map of Africa showing Nigeria

language groups with 11.3 million people in 1963. They live in Oyo, Ondo, Osun, Ogun, Lagos and Ekiti States. There are some in Kwara State, even in the Republic of Benin. Some Yorubas usually have distinctive facial marks to identify them with their towns of origin.

The Igbos are the Igbo-speaking people in southern part of the country and are pure negroes like the Yorubas of the south-western part of the country. They live predominantly in Anambra, Imo, Ebonyi, Enugu and sparingly in Edo, Rivers, Akwa Ibom and Delta States. They are known to be progressive. The Igbo population was 9.25 million in 1963. The tribe is the second largest group in the southern part of the country.

The Hausas are the Hausa-speaking and are pure negroes, normally dark in complexion and occupy the wide open Savannah plain of the northern states which are mainly Kano, Kaduna, Niger and Sokoto States and have a population of about 11.7 million in 1963. (*See* Map 2).
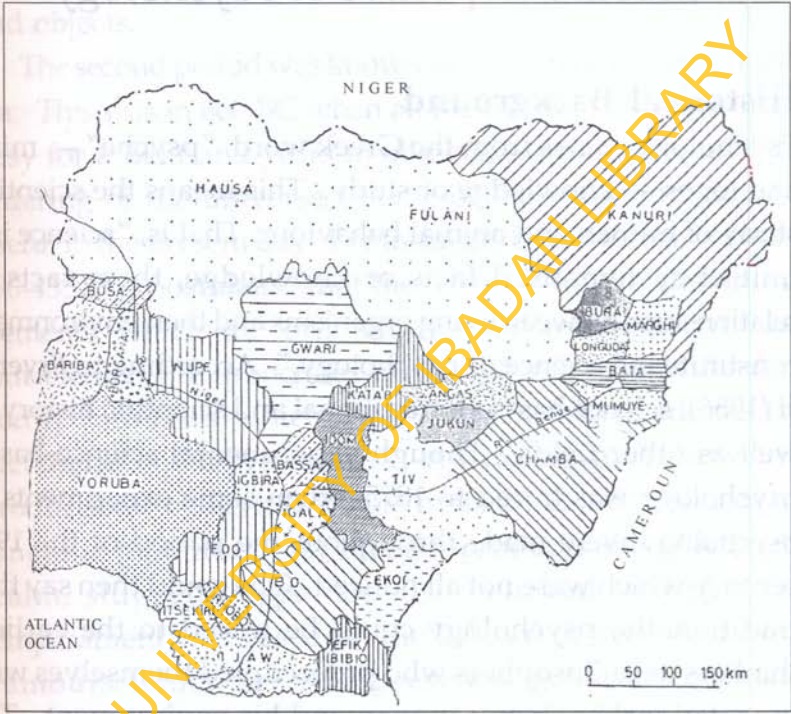
Map 2: Map of Nigeria showing the ethnic groups

CHAPTER THREE

Global Perspective of Psychology

Historical Background

Psychology comes from the Greek word "psyche" — mind and logos — knowledge or study. This means the scientific study of human and animal behaviour. That is, "science is a unit of systematised facts or knowledge, these facts of relationships between living organisms and their environment constitute the science of psychology." According to Fryer *et al* (1956), science has both traditional and scientific history as well as other fields. Though experimental science-based psychology was traced to 1875, when some experiments in psychology were made throughout the period of the 19th century which were not all noticed. One could then say that traditionally, psychology could be traced to the earliest thinkers or philosophers who preoccupied themselves with the relationships between man and his environment. The period between the traditional psychology and experimental science-based psychology could be grouped into the following eight eras or periods: The first is what many researchers call "the primitive notions of mind and soul." This was the earliest possible explanation made to describe

the relationship of events and men. Therefore, "hidden causal agents" like spirits or gods were speculated to be directing the activities of both men and other phenomenon like rain, lighting and so on. Also, there was the existence of internal forces in man, which were known as mind or soul. This period was also the period of interpretation of events and objects.

The second period was known as "the Greek Philosophers'" era. This was in 600 BC when all the Greek intellectuals were busy for a thousand years to observe, infer and discuss "the ordering of the universe." Some of their concepts are still useful in the present day. For instance, Empedocles, between 490-435 BC, postulated that the cosmos was made of four elements, which are earth, air, fire and water. From these four elements, Hippocrates in 460-377 BC, formed his four bodily humours which are (1) Black Bile produces the melancholia (depressed) (2) An excess of Yellow Bile produces the choleric (irritable type) (3) Blood produces the sanguine (optimistic) (4) Phlegm produces the phlegmatic (calm, sluggish) type. He also believed that people's temperament was based on the balance of those four body humours which are still presently generating further researches in order to establish the relationship between body types and temperaments.

In 427-347 BC, Plato came with the conception which is recurrent in philosophy and psychology, namely, his recognition of the two classes of phenomena, that is, things and ideas. He was of the view that ideas originated from two different roots that could either be innate and come from soul while others are product of observations. This

recognition of the two classes of phenomena has recurred in philosophy and psychology. This was in contrast with the giant of the Greek theorists, Aristotle, who in 384-322 BC discovered many theories and encouraged the development of knowledge which was based on observation and empirical science while Plato encouraged the rational deductive method and the development of philosophy. After Aristotle in 336-264 BC, the people followed the ethics of Zeno. The stoics (336-C, 264 BC) believed that a wise man should allow reason to control him instead of moving towards pleasure and away from pain. Therefore, man should endure all passions. While Epicurus in 342-270 BC believed that the wise man should be seen as the final goal. Therefore, any action that brings pleasure was seen as good action. These works of Greek theorists were very important in their end products, according to Fryer *et al* (1956) such as science and philosophy which lasted for fifteen centuries.

The third period was during the Christian era, which was based on promulgation and interpretation of religious and spiritual doctrines. This superseded science and philosophy. In 354-430 AD, St. Augustine believed in conscious activity and its unifying and continuous development of man. He developed the method of introspection, which is "self-observation of conscious activity."

St. Aquinas (1225-1274) believed that scientific truth is derived from "observation and experimentation" while religious truth is derived from the divine authority of the church and made efforts to" harmonise science and religion."

The fourth period was the revival of science, which was between the 15th and 16th centuries when Western civilisation

was moving in different directions such as art, literature and music. Many geographic discoveries also questioned the power of the church. Some well known scientific investigations rose up in many ways such as "Copernicus (1473-1543) in astronomy; Kepler (1571-1630) in astronomy and vision", Galileo (1564 -1642) in optics and astronomy, Newton (1642 - 1727 in Physics and the psychology of vision, and Harvey (1578-1657) in ohysielogy" .

The fifth period was between the 17th and 18th centuries which was the pre-experimental psychology, and all those questions raised regarding man and his environmental relationships remained same. That was from the period of Aristotle and Descartes (1596-1950). The latter developed two important concepts, which are the mechanistic explanation of the functions of the body, and the mind and the body's explanation that are "separate entities." This issue became very important for many philosophers in this period that many theorists started formulating their own concepts on the problems of the mind and body that are listed below:

i.   **Occasionalism:** This means that which occasionally controls the mind and body as posited by Geulinex (1625-1699) and Malebranche (1638-1715) that God intervened between mind and body as the occasion dictated.

ii.   **Double aspects:** The mind and body are viewed as different but they are the same substance, Spinoza (1632-1677).

iii. **Psychophysical parallelism:** This was posited by a German, Leibnitz (1646-1716), who viewed mind and body as separate but parallel in nature and do not

interact with the same cause. This view was collaborated with a group called English association (empiricists) in 1780. For instance, Thomas Hobbes in 1588-1679 and John Locke in 1632-1704, who founded the movement, had been pioneer philosopher-psychologists. It was believed that the concept means the development of persons through experience from simple to complex sensations.

Those who shared this view but disagreed with some areas were: Berkeley, 1685-1753; Hume 1711-1776. Harley 1705-1757; James Mill 1773-1836, John Mill 1806-1873; Spencer 1820-1903 and Bain 1818-1903. Opposition to the associationist theory according to Fryer *et al* (1956), were those who believed in the mental faculties, for instance, the Germans: Wolf, 1679- 1754, Kant, 1724-1804; and also a Scotish group, Revd, 1710 - 1796; Stewart, 1753-1828; and Thomas Brown, 1778-1820. They believed that the mind could be grouped into different units like will, intellect, emotion and so on. But they work independently of each other. This development of faculty was in two ways:

i.   Gall developed phrenology (1758-1828) from the mental faculty by classifying and relating this view to definite cranial areas in form of many departments to schools but still retain in the psychology books which did not meet the modern scientific investigation.

ii.   Training materials for the training and practising of the mental faculties was emphasised.

The sixth period was the use of experimental psychology. Fryer *et al* (1956) described the period as the later part of the

18th century and the early 19th century. Many important discoveries came from different fields of physiology, neurology, physics and mathematics that laid the foundation for the development of experimental psychology. For instance, many of those discoveries that were particularly with functions of the nervous systems and muscles were made by the following personalities: Haller (1759), Whytt (1750), Calvani (1792), Bell (1811) and Magendie (1822). Also, individual differences in speed and reaction time formulated the concept of the personal equation (a deviation from a group norm).

Besel (1823) and Flourens (1824) performed the first "extirpation experiment" by using animals as subjects and removing all the parts or parts of the body organs, mostly the brain part. Marshall Hall (1832) investigated the nervous reflex behaviour by observing the responses after sectioning of the spinal cord of a snake. While Johannes Muller (1826) discovered theory of "specific energy of the nerve, that is, each sensory nerve gives rise to sensation regardless of the manner in which it is stimulated." Claude Berhard (1859) discovered the endocrine concept, which is presently known as homeostasis. Darwin (1859) also discovered the theory of evolution, and laid the foundation for biology and psychology. Fryer *et al* (1956) further grouped the development of experimental psychology into different countries, which are as follows:

Psychology in Germany

Many Germans synthesised most of their predecessors' works by philosopher-psychologists in the psychological

laboratory and came with scientifically based psychological concept. They were Weber (1830), stimulation and sensation, Lotze (1852), who worked with Wundt. Also, Muller Helmboltz (1852) discovered colour vision and auditory in 1863. He laid the groundwork in psychology and physiology and physics. While Bain (1856), Wundt and Lotze's synthesised works were still going on, Wundt (1874), the head of new scientific based psychology in Germany, published a book on physiological psychology at the same time Brentano (1874) published his own book with the title *Psychology* from an empirical point of view which was not popular at that time until later years.

In 1860, Fechner worked further on Weber's law based on mathematics on the relation of stimulation to sensitivity. It was in 1879 that Wundt founded the first recognised laboratory of psychology at Leipzig, Germany. His major experimental interest was on conscious activity and in determining the structure of the mind, although it was much of a speculative nature, as in his folk psychology. Psychologists from many countries, especially from the United States, went to study with Wundt in Germany.

Psychology in England
There was no one apart from Wundt in the psychological laboratory at that time. The direct influence of Darwin's theories of evolution gave rise to the Galton's (1869) study of individual differences by developing new ways of measurements in the form of the case history, genetics and twin studies. In addition, there was the development of "test" used to measure traits and the statistical method of

analysing data known as correlation technique. After Galton, Pearson (1857-1936) discovered reliability theory with the *Product Moment Correlation* which was published in 1896 and Spearman (1863-1945) reliability theory with the publication of *The Proof and Measurement of Association between Two Things* in 1907.

Psychology in France

Scientifically based psychology began with Pinel's (1792) findings on mental behaviour. In 1801, Pinel published his work or the treatise on mental attention followed by others who studied mental behaviours like Esquirol in 1817, Charcot (1872), Bernheim, (1875), Ribot (1881) and Janet 1906. Another well-known personality with hypnosis was Mesmer in 1779. Sequin (1848) developed methods for testing and teaching mentally-retarded children. Alfred Binet (1859-1911) and Theodore Simon (1873) were also known in the intelligence test till date.

Psychology in America

The three influences on the work of American psychologists were noted in the experimental laboratory developed and emphasised by Wundt in Germany. The influence of Darwin's theory of evolution and the mathematical curve by Gauss in 1809 and three influences were also reflected in the laboratory experiments, the genetic studies and the statistical techniques of the American psychology.

Some American pioneers who started with Wundt made remarkable work on their own in another area different from Wundt. For instance, Hall (1844-1924) contributed significantly

to American education by developing and writing on child study and adolescence. Later, the first psychological journal in America was published in 1887 and the first president of the American Psychological Association was Gattel (1860-1944) who also studied with Wundt in Germany and contributed immensely to mental testing in America. William James in 1842-1910, also studied memory and the transfer of training experimentally and developed a theory about emotions in his book on *the Principles of Psychology* in 1890 and was useful in America for several years. Americans had witnessed the publication of many journals and many more pioneers in psychology till date. The American Psychological Association presently with over forty-seven divisions in its membership, can reflect a special skill area, or interest. Over 40% of all psychologists are employed full-time at a college or university where they engaged in teaching, researching, consulting and doing therapy.

The seventh era was the opening of schools of psychology. There were just four major ones at that time. After the science of psychology's emergence from philosophy, physiology, physics, astronomy and mathematics, there were differences in ideas and opinions on the subject matter of psychology and methods of experiments. Some worked on pure science, while others used haphazard methods of observation or experimentation. For instance, Ebbinghaus in 1850-1909, in Germany, did all his life work on memory without any reference to Wundt and Brentano. Although some of his remarkable works remained till today (the first completion test, non-sense syllables part vs whole learning, relearning as a means of retaining of materials which could not be

recalled and other things on memory which are useful today. Thorndike (1874-1949) worked on learning for animals independently without reference to theoretical framework of psychology at that time.

Several psychologists from 1890-1930, that had similar concepts emerged from four major groups, namely, Introspective psychologists (structuralists), Functional psychologists and behaviourists, Gestalt psychologists. They faithfully devoted their efforts to securing evidence for their particular method of explaining behaviour. For instance, the introspective school was under the leadership of Edward Titchener (1867-1927). He was an Englishman and was trained by Wundt in Germany before he resettled in America in 1892. They used an extremely formalised method of study in which an individual analysed the content of his experience when he was stimulated by an appropriate object or event. Despite the remarkable and popular school in 1910, the school went down unnoticed after its failure to meet the "American needs and desires for study of individual differences, animal learning, mental testing and all applied psychology."

After the American psychologist had enlightened his people on the principles of psychology such as animal behaviour and so on, there was opposition to structuralism by embracing functionalism that was interested in how the mind functions to adapt man in his environment. This was with the influence of Darwin's evolution, and people like John Dewey (1859-1952), Angell (1869-1949) and many researchers in University of Chicago that had an impact on the American educational system.

Behaviourism was the next important school, which opposed both structuralism and functionalism in 1913. Two of the notable behaviourists declined to define psychology as the study of the mind or conscious experience. They viewed introspection as unscientific. Instead, they believed that by studying man or animal, they could know what they were thinking by simply observing scientifically the relationship between stimuli events in the environment and an animal or man's resources. Two noted behaviourists were Watson (1878-1958) and Skinner (1904-1990). This school still exists today.

Gestalt psychology was in opposition to structuralism and functionalism in Germany. This was under the leadership of Max Wertheimer (1880-1943). It was based on the difficulty in analysing consciousness into its component parts. They believed that the whole is different from the sum of its parts. People like Koffka Kohler and Lewin and others went to America during the Nazi's era. They emphasised the study of thinking, learning, perception in whole units, not by analysis into parts.

As time passed, more schools started to emerge. For instance, in the midst of psychology striving to be objective and scientific, Freud was developing his own desire, theory of behaviour, which was influenced by unconscious thought, impulse and dream analysis, and childhood behaviour, which influenced later personality development among Adler, Jung, Horner, and Otto Rank, who later modified their theories. These schools and other new schools remain till date.

Humanistic psychology is the most recent, and is popularly known as the "third force" (behaviours and psychoanalysis

are the first two). They focused on human experience, problems and ideas. They numbered notable people like Roger, Maslow, Frankl and others. They rejected the psychoanalytic view of man dominated by unconscious forces and are also dissatisfied with the behavioural and mechanical view that the environment controls man. They believed that man has freewill, the ability to choose and live a more creative, meaningful and satisfying life. Before this time, "schools of thought in psychology were almost like political parties. Loyalty to each view was fierce and clashes were common."

Contemporary Psychology

Schools emerged into broader perspective such as functionalism of Gestalt while some such as structuralism have disappeared entirely. Although, some loyalists and specialists are presently existing, many psychologists now prefer the eclectic type that uses different theoretical views. Presently, five major perspectives are evident in modern psychology. They are as follows:

i.   Psycho-dynamic view seeks to describe human behaviour as being driven by internal forces within one's personality, which are usually hidden, or unconscious and conflicts do occur due to clashes of these forces with personality.

ii. Bio-psychological view tries to explain behaviour in terms of the function of the brain and nervous system and other biological variables such as physiology, genetics, the endocrine system, biochemistry as well as evolution, reductionistic and mechanistic view of human nature.

iii. Behaviouristic view seeks to describe behaviour as

shaped and controlled by the environment. Its major emphases are on the effect of learning through the observation of behaviour and the influence of reward and punishment. This is also known as mechanic view of human nature.

iv. Cognitive view tries to explain human behaviour in terms of neutral processing of information. That is, it concerns thought, perception and decision-making, which are in form of computer-like views of human behaviour.

v. Humanistic view seeks to explain behaviour in terms of one's self image and subjective perception of the world and the positive and philosophical view of human nature. Despite the above-stated different views, there is still unity in diversity. For instance, in the USA at present, there are over forty-seven divisions of the American Psychological Associations each reflecting a special skill area or interest with different journals and publications among members. They lay much emphasis on rigorous scientific research.

Although psychology's roots in philosophy are reflected in the fundamental assumptions about behaviour and mental processes that underlie its various approaches, but because psychology is a science, all of its sub fields emphasise empirical research which goes beyond philosophical speculation and reasoning about behaviour and mental processes to carefully gather and systematically analyse information about psychological phenomena. The focus of psychologists employed at colleges or universities are sometimes on basic research or applied research. Whichever

type of research they choose, it is necessary to follow the manual of scientific research published by the American Psychological Association. This is based on strenuous procedure on how to construct and write the result of their findings that usually goes beyond the formulation of hypotheses about objective measuring for all the variables according to the manual. Apart from the manual, there are also professional codes that all members must adhere to which are stressed as follows:

- High levels of competence, integrity and responsibility;
- Respect for people's rights to privacy, dignity, confidentiality and personal freedom, and
- Protection of the client's welfare and contribution of knowledge to the society (ethical, 1992).

Psychology in Africa with Particular Reference to Nigeria

Psychology as a science began in Africa after colonisation in 1960, when many Western educated scholars came back to Africa to start courses and departments in some available universities. It was noted that only twenty-two countries had psychologists with a total of about one hundred and fifty. Nigeria had the largest number with 34, Egypt followed with 29 and Tunisia, 21, Senegal, 11 and Zambia, 7 with the rest of the countries having 3, 2 or 1 (Abdi 1975). Unfortunately, not much scientific psychology has been made so far in Africa because of the African belief and thought systems. Even Nigeria which had the largest number of universities at that time and has over 1000 psychologists today, has not done much yet in the practice of science-based psychology. Awaritefe (1995), during his keynote address to

the third African Regional Conference of the International Association of Cross-cultural Psychology (IACCP), noted that most of the problems encountered by African psychologists are so many and these have prevented them from practising science-based psychology. This was why he titled his paper, "The Mind-Body Problem in African Context." He posited that the genesis of the problem lies in the fact that publishing industries in Africa are still in their infancy and consequently journal editors are overburdened with work. The following twelve tasks are faced by an average African editor:

i.   Sourcing for funds to publish the journal.
ii.   Searching for reliable printers and continuously liaising with them.
iii.   Ensuring editorial policy implementation.
iv.   Carrying out desk editorial procedures.
v.   Proofreading of all articles.
vi.   Relying on articles when necessary.
vii.   Carrying out critique when necessary.
viii. Battling with reviewers who will neither review nor return articles sent to them for review.
ix.   Keeping correspondence with authors, reviewers and subscribers.
x.   Marketing and distribution.
xi.   Sales.
xii.   Financial accounting.

All these problems are further complicated by the prevalence of frequent electric power cuts, poor postal and telephone services and acute shortage of water.

The second problem facing African psychologists is that the focus of their studies is problem-oriented instead of theory-oriented research that is very common with their Western counterparts. As a result, most of our papers do not fit into their own problems which would attract publication and meet the competition of other colleagues outside Africa. Many of their research works have remained unpublished. Other methods which some adopted were to replicate other foreign works in order to fit the publication outside Africa. These could be found in some journals around the world. Awaritefe (1995) further lamented that,

> the result is that not only is the work of African psychologists not available to those who need them most but African psychologists are also being distracted and directed from questions of the moment in their native communities.

The third problem, according to Awaritefe (1995), is the fundamental challenge which psychologists in Africa have always ignored, which has prevented Africans from practising psychology fully as a science by tracing psychology back to the early views of the mind-body problems from Descartes, a philosopher to William James, a well-known American psychologist. He was of the opinion that the present day definition of the mind-body problems could extend considerably to include matters of most concern to psychologists in Africa such as investigations into the role of intellectual and thought processes in the causation, maintenance, amelioration of undesirable conditions, the problems of inter-ethnic strife, and religious fanaticism and coping mechanisms in the face of disintegration of the

extended family system.

Awaritefe (1995) noted that it was about twenty years since the first regional conference of the International Association for Cross-cultural Psychology was held in Ibadan. About thirty abstracts and thirty-two papers revealed that psychology has progressed very slowly in Africa. There was an interesting paper titled "What an African Student Thinks about Psychology," where Nweze, who was then an undergraduate of the University of Nigeria, Nsukka, expressed students' worries about the poor prospects of a career in psychology. Also, Awaritefe (1995) confirmed that most of his postgraduate students are worried too. Despite these fears and anxieties from the students of psychology, Durojaiye (1983) was optimistic about psychology in Africa. Noting that psychology in Africa would become comparable to psychology in the developed countries in terms of scope, prospects and practice, he agreed that we could not speak of Africa in psychology in the strict sense of the word; nevertheless, he advocated intra-cross-cultural research to identify the problems we would encounter in Africans' transition from the traditional to technological ways of life."

Africa has many things to share with the Western world, which have to be developed in such a way as to be worthy of sharing. For example, cultural psychology needs to be well developed in Africa so as to attract the attention of other colleagues in the Western world. At present, Ebigbo has developed "harmony restoration therapy" with the support of the International Federation of Psychology and Awaritefe (1995) also developed "Messori technique" with the support

from the Nigerian AIDS Foundation and the World AIDS Foundation in Nigeria.

In the 1960s, only two universities had departments of psychology but now more than sixty universities had graduated students with Bachelor's degrees, while five universities offer psychology from undergraduate to PhD level (Icheke 1999). One of the problems facing African psychologists today is lack of funds to finance undergraduate and postgraduate research.

Awaritefe (1995) did a survey in Nigerian universities in 1974 and did not find a single Nigerian professor at the existing departments of psychology at that time. But between 1974 and 1995, about twelve professors have been discovered from over thirty universities with over eighty thousand population. That meant a new professor every two years! The slow pace of psychologists in directing research also affects the rate of productivity in psychology. Despite these problems nine different journals were in existence in 1995, including both active and non-active ones.

Awaritefe (1995) had remarked that Nigerian psychologists have, despite all the difficulties, been very active in the past twenty years and that the association was formed with annual conferences and other activities. In 1979, the Nigerian Association of Clinical Psychologists (NACP) had come into existence. Also, the Nigerian Society for Psychotherapy was founded about 1996.

In Enugu, the drawing of a person's test was developed by Prof. Ebigbo and standardised in Enugu and other towns in Nigeria. Also, the Enugu somatisation scale and the psychophysiological symptoms checklists are Nigerian

made tests developed by Prof. Ebigbo. In Benin, we have a battery of psychological tests, including the State-Trait Anxiety Inventory (STAI), the General Health Questionnaire, the Awaritefe Psychological Index (API), the Mausley Personality Inventory (MPI) and the Eysenck Personality Questionnaire (EPQ). In addition to these tests, assessment include the measurement of pulse rate and blood pressure in the psychological lab from 1979 till present. They use medical and other students and some employees from the University of Benin Teaching Hospital for collecting data in the Benin study. These allowed them to get a considerable validity, reliability and normative data in the EPQ, MPI, API, and the STAI in Nigeria. There is also Locus of Control Test by Dada and Awaritefe. In Ondo State, Oluwatelure has done many studies on hypertension.

In Ile-Ife, self-concept test was developed by Prof. Olowu while children's behaviour questionnaire was done by Oladimeji and Idehen. In Lagos, many studies have been made in the University of Lagos. Prof. Omoluabi, for instance, began his studies with his PhD thesis, "Psychophysiological Symptoms Checklist." In Ibadan, several studies have also been done, especially by the two pioneers, Professors Ugwuegwu and Bakare, the achievement motivation and job satisfaction by Ugwuegwu and Eyo and the Raven's progressive matrices which had been standardised in Benin, Ife, Abeokuta, Kaduna and all other six tests by Prof. Bakare.

CHAPTER FOUR

Logotherapy

Origin and Definition

Logotherapy is one of the psychotherapies grouped under existential psychotherapy and the origin of the word came from the Greek word "logos" that means "the meaning of being." Therefore, it is a therapy through the inner meaning fulfilment in life. The first Viennese psychotherapist was Sigmund Freud while the second was Alfred Adler. Freud in his psychoanalysis termed "a pleasure principle" claimed that man's primary motive in life is to seek for pleasure, while Adler's was based on "power principle," that is, man's primary motive is to seek for power.

The originator of this therapy is the third Viennese psychotherapist, the late professor Viktor Emil Frankl, who started with the concept as a student in the 1920s. During his natural science class at the age of 13, he questioned his teacher, what meaning life has. He concluded after that question that life at the end of analysis is nothing but an "oxidation process." At the age of 17, he had given lectures on the meaning of life and throughout his medical school, he used logotherapy on his patients. Frankl (1967, 1968, 1994 and 1988) saw himself, Adler and Freud as three giants

standing on one another. As Adler stood on Freud's shoulders, he could see further than Freud while Frankl on Adler's shoulders could also see further than Adler.

Frankl (1988) posited that the "pleasure principle" is self-defeating at the end because the more a man seeks for pleasure the more he will miss it. Generally, pleasure in most cases is not a goal that comes automatically. As a psychiatrist, Frankl intuitively developed the basic concepts and used his patients' experience to develop the various techniques and applications of logotherapy. He enriched his work with his experience in the concentration camp, which was his human laboratory.

Frankl (1988) made it clear that logotherapy is not only an analysis of being or existence but also a therapy. Therefore, there are basic concepts involved, which are interconnected. They are "freedom of man," "will to meaning" and "meaning of life." While the first concept is that man may not always be free from physiological or psychological situation but man is free to take a stand or make a choice in any condition in which man finds himself, the second concept is the will to meaning that man's primary motive in life is constantly in search of meaning. The third basic concept is the meaning in life, which differs from time to time. Man must, therefore, be in search for his meaning of life because the meaning of life cannot be given to anybody.

Frankl (1963, 1994, 1987 and 1988) went on to state the three ways through which man may be able to find meaning in life. These are:

(i)   Through creative value (what we give to life);
(ii) Through experimental value (what we take from life);

and

(iii) Through attitudinal value (the stand we take towards a fate we can no longer change).

Frankl believed that the ability of man to detach and transform himself from any situation he finds himself is unique. This is the reason why man is different from animals and plants due to the body and mind relationship that distinguishes man. Frankl also posited that man should be viewed in terms of body, mental and spiritual dimensions in spite of the differences in them; the differences do not change the unity of the structure in man. In support of this view, he propounded the dimensional ontology stating that one and the like phenomenon perceived out of its own dimension into another one lower than itself could change the picture in manner that contradicts each other. For instance, Fig.I.
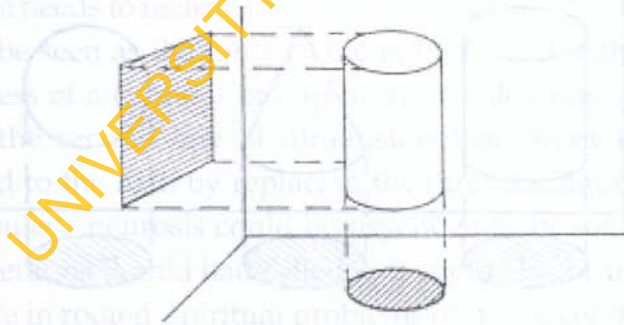
Fig.1: The first law of dimensional ontology using a cylinder
Source: Frankl (1988)

This is showing the first law of dimensional ontology, Frankl (1988) *The Will to Meaning*. As the cylinder or a cup can be viewed by its three-dimensional levels from the horizontal and vertical two-dimensional levels; one can first see a circle and secondly, a rectangle from the three-dimensional levels. These are closed figures that contradict each other as well.

The second law of dimensional ontology stated that different phenomena viewed by their dimension from other phenomena lower than them are pictured in such a way that they become too confusing to understand. For instance, in Fig II, which shows the second law of dimensional ontology, Frankl (1988) *The Will to Meaning*. The same cylinder or cup
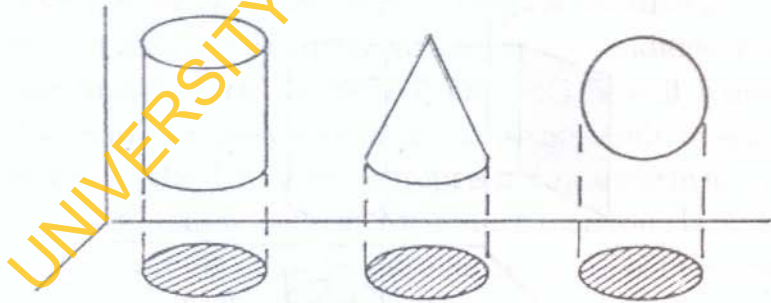
Fig. 11: The second law of dimensional ontology
Source: Frankl (1988)

(as in first law) a cone, and a sphere according to Frankl, the three objects placed on the horizontal plane showed three shadows with the same circles that could be interchanged from one to another. It is not possible to differentiate from any of the three shadows whether it comes from a cylinder, a cone or a sphere whereas the first law of dimensional ontology projected a phenomenon into different lower dimensions that showed ambiguity. By applying the above pictures to anthropology and ontology, according to Frankl, it helps us to project man into biological and psychological dimension that would give contradicting results. This is because no matter how contradictory the bodily and mental aspects of human existence might be to one another, once one sees from the reflection of dimensional anthropology, the differences will no longer change the wholeness of man. Frankl further explained that the dimensional ontology cannot solve the mind-body problem, but it can only explain why the problem cannot be solved.

One needs to realise that closeness in the lower dimension could be seen as the same as the higher level either in the openness of a cylinder or cup or the whole body of a man. Also, the second law of dimensional ontology could be applied to the man by replacing the three ambiguities. This is because a neurosis could be psychogenic or somatogenic or nogenic as Frankl had called it. It could also be as a result of those in rooted spiritual problems or moral conflicts or as a result of frustration of the will to meaning, which he named existential frustration or existential vacuum. The causation of neuroses is multidimensional because its symptomatology is ambiguous. Since we cannot differentiate . circular

shadow from the above-started cylinder, a cone or a sphere, so also one cannot draw conclusion on the type of aetiology of neurosis which could either be as a result of castration phobia, agro phobia, or existential vacuum.

By limiting oneself to one's dimension either mainly in somatic dimension or in psychological dimension, would not allow us to see the aetiology of neurosis of a man because they would be contradicting each other and make the diagnosis ambiguous. Therefore, the multidimensional causation of neurosis needs a multidimensional diagnosis. This also needs multidimensional oriented therapy approaches.

In the same view, those two laws by Frankl called "dimensional anthropology and ontology" could be used in therapy. If applied in therapy, they are like the projection of man into biological and psychological dimension and may likely lead to "contradictory results" because two patients may have the same symptoms but one may have a biological problem while the other may be a psychological one. It is also possible that an individual may have both problems. The views of the body and mind of human existence may be at variance with each other but when one sees them both in terms of ontological and anthropological views, the variation seems to disappear. Frankl (1967 and 1988) also tried to bring the two laws which he called "dimensional anthropology and ontology" by making use of the concept of geometry as a figurative explanation.

Existential Analysis of Man

Since logotherapy is the same thing as existential analysis, which belongs to existential psychotherapy, this study,

therefore, will not be complete without reviewing some early existential analysts' views of man as a being. This is entirely different from Freud's view of man as being a collective drive and instinct, that is, from human conservation schemata, which is based on the physical science point of view. Existentialists see this view as an inadequate view of the human being. That is, the application of the schema to explain how all persons will give experience of a particular person. Therefore, three arguments are given to support their view against Freud's, which are the following:

(i)   Freud's reductionism reduced man's behaviour to a few basic drives.
(ii) Freud's materialism explains the higher level in terms of the lower level of man.
(iii) Freud's determinism is the belief that all mental functioning is caused by already known variables' existence.

As a result of these issues, Binswanger (1956) and other existential analysts, in 1950, formed a new ideological school called "humanistic psychology" in which they all agreed that the best approach to analyse man is the use of phenomenological approach. That is, entering a person's existential world and listening to the understanding phenomenon of that world with an unbiased view which may not distort objective assessment and understanding. According to Binswanger (1956), time and space are not one of each. There are as many spaces and times as there are subjects. Apart from the limitation of Freud's view of man, behavioural view of man is taken as mechanical and can easily be manipulated. They see more attributes in man such as choice, values, and love, creativity,

self-awareness and human potential. The existential analysts, therefore, see themselves as humanistic psychologists and Bugental (1964) in his article in *Journal of Humanistic Psychology*, postulated five areas of viewing man as follows:

(i)   Man is more than the sum of his parts, which scientifically cannot be studied separately.

(ii) Man is a being of his own that cannot be understood as part of his own without interpersonal experience.

(iii) Man's awareness of his environment cannot be ignored.

(iv) Man has choice always and he cannot be viewed as an onlooker of his existence. Rather, he contributes to his own experience.

(v)   The intentionality of man is very important in order to understand man because he looks at the future and has purpose, value and meaning for life.

In addition, philosophical-anthropological view of man throws more light on man as a being. For example, Antonites (1999) posited that the way of understanding man in philosophy is philosophical-anthropology which views man from more than one level. That is, from somatic level, (that is also known as biological), physical, chemical, physiological or historical perspectives. Antonites (1999), also see the word "anthropology" which comes from the Greek language "anthropos," which literally means, human being or person. Thus, man, according to Antonites (1999) is seen as a spiritual being with logic and self-awareness to make choices and take his own action and does not just live but thinks, creates, and has conscious will. At the same time, he is not only a "homofather" — a man that makes or creates tools but he is also able to invent things, in

order to reach his potential goals. This is the reason why man's life history is affected by techniques and technology, which is from post-primitive ways of making tools till present day of computerisation. Antonites further gave Hartman (1939) and Frankl (1988) different levels of what constitutes a man. This is not unrelated to Frankl's view of man (1988 and 1994) as a living creature with a mental make-up but also a spiritual being, but in human dimension that should be interpreted only in the religious sense.

> It is making noetic dimension that leads people to raise
> such issues as liberty, responsibility, a sense of nature,
> the search for the meaning of life and religiosity.

Logotherapy, therefore, gives room to all believers. Since man cannot prove that there is a higher power, it is wrong to disagree that it is not there. According to Frankl, "Supra (1997) meaning is no longer of thinking but rather of believing, we do not catch hold of it in an intellectual ground, but of our whole being, for instance, through faith." That is:

> Unknowable needs not be unbelievable. In fact, where
> knowledge gives up, the torch is passed on to faith. The
> true that it is not possible to find out intellectually
> whether there is ultimate meaning behind everything.
> But if we cannot answer intellectually we may do so
> existentially where an intellectual cognition fails, an
> existential decision is due. Vis-a-visa the fact that it is
> equally conceivable that everything is absolutely
> meaningless, in other words, that the scales are equally
> high, and we may throw the weight of our being into one

of the scales. And precisely therein, I see the function to be carried out by belief. In contrast to what people are prone to assume, believing is not at all some sort of thinking minus the reality of that which is thought... Believing is rather some sort of thinking plus something namely, the existentiality of him or her who does the thinking, he said in 1997.

In the past, religion was a neglected issue by psychologists because of its non-objectivity. But many existentialists are now addressing the missing link. For example, Sleek (1995) who is a member of the American Psychological Association (APA) Monitor Editorial staff, reported the inclusion of spiritual problems in *Diagnostic Statistical Manual (4th Ed. (DSM IV)* that religious ideas appear to be gaining recognition as successful psychodiagnostic tools. Douglas B. was also cited by Sleek and quoted thus:

> Scientists traditionally contended to realise that its impact on a person's life is measurable. Almost all people even agnostics and atheist have a life based on statement of faith. We are saying that psychotherapy is not a valueless process.

Hartman posited four levels — the higher level, which is spiritual, to the next, which is psychological, followed by the organic and inorganic which are the lower and lowest levels. Frankl on his own postulated three dimensions in which he used the term dimension instead of level. While Hartman divided biological level into two, Frankl combined it to be one dimension.

For Hartman (1999), the spiritual level is the higher level, which includes the subjective and the objective spirit. The subjective level includes self-consciousness, freedom and a sense of self-consciousness of an individual. The objective spiritual level is beyond man's characteristics because man takes part in things he created.

Science, religion, value systems law, technology and other cultural realities, are examples of objective spirit. The psychological level includes conscious processes, observation, feeling, instincts and awareness. These make man different from animals.

The organic level is the biological genetic reality, which are metabolism, assimilation, dissimilation, reproduction and morphology while Frankl posited the organic level, which is physical-chemical processes, as one. The body is the combination of biological and physico-chemical while psyche, which is psychological dimension, is a combination of consciousness, and other psychological processes. Frankl (1988) viewed this dimension and distinguished man from animals. The spirit accounts for reasoning, freedom and meaning. This was why Frankl postulated man as one who can reason, make choices and decisions of his own free will. Tweedie (1961) summarised Frankl's ten theses that characterised a person to be the following:

(i)   A person is an individual. Man is an indivisible unity, even in extreme situations, such as schizophrenia, or alternating personality. All personality theories must be grounded in this fact.

(ii)   A person is a couple in himself. Man must not be constructed as an organic segment of some higher

personal unit, such as a race, a social group, or a natural entity. Even in procreation, there is no divisibility or feasibility, for it is only the organism that is reproduced, and not the person.

(iii)   A person is an absolute novelty. Each man is a creation of God. The father is no way the creator (Zeuger) of his child, but rather a mere witness (Zeuge) of the miracle that always occur with the advent of a new human being, a new person.

(iv)   A person is spiritual. The psychophysical organism is of great importance, but only as the instrument and expression of the spiritual dimension. The organism as a tool has a great utility, but the person has worth, which is independent of all vital and social usefulness.

(v)   A person is existential. Man is a faculty rather than a fact and decides from among the possibilities presented to him what he will be. Jasper designated a human being as a "deciding being," he decides at any given moment what he will, in the next moment.

(vi)   A person has an ego. Man is not propelled by an unconscious instinctive force, but rather empowered by a spiritual unconsciousness. Herein are his faith and his religious aspirations grounded. However, when one does come to God, Frankl firmly believes that it must be by decision, and not by having been driven, even if it is by the so-called "spiritual" force. Religiousity is either a spontaneous decision, or it is nothing at all.

(vii)   A person is not only a unity (1) and complete in himself (2) but he also establishes unity and completeness in

the physical-psychological-spiritual unity, which describes the totality of man. During a person's lifetime, these dimensions are not separable, they are neither levels nor layers, but rather man is, as it were, the intersection of these three modes of being.

(viii)   A person is dynamic. He is not to be hypostatised as a static substance, but it is, rather, an unfolding active existence. Man is ever a process of becoming.

(ix)   An animal is not a person. Animals are not able to transcend themselves in existential decision. They have no world (welt), only an environment (umwelt). Frankl believed that animals are analogously related to man, as man in turn is related to God. Thus God is, at least, a person, and to be sure, a super person, about whom we must speak only by analogy.

(x)   A person can only be understood when viewed as being the image of God. Man can only properly conceive of himself in the light of transcendence, especially through the voice of transcendence. His conscience is the communication centre of transcendence.

All existing literature indicated that the religion or belief of an individual is part of his life. That is, it is a way of life whether one admits it or not. This idea cuts across the cultures. Therefore, the spiritual aspect of life which logotherapy acknowledges should not be underestimated in dealing with human beings. Finding meaning in life is an everyday or every second or minute's affair. Since man

is constantly in search of meaning, it is necessary to ask oneself whether one's life has meaning or not. This is so because at one point in life, one assesses one's life and sees if it has meaning or not.

CHAPTER FIVE

Classification and Diagnosis of Illness in Western and African Cultures

In Western medicine, screening and diagnosis of diseases are care for both healthy and sick individuals. Park (1998) made a distinction between screening and diagnosis, that screening is only for an initial examination in which a person tested positive is referred for further diagnostic check-up and treatment. Though some tests are used for both screening and diagnosis of diseases, the aim of screening is to differentiate between apparently normal from abnormal condition which could be used for case detection, control of disease, research and educational purposes (Park 1998).

As psychology and medicine have gone through different stages of time in history, classification and diagnosis has also gone through the time when illnesses were thought to be caused by magical or evil spirits through the age of reason and enlightenment, till late last century when the World Health Organisation developed a list of disease classification to enable medical and other health professionals understand and have a similar method of classifying and diagnosing

diseases. This is known as "the International Statistical Classification of Diseases, Injuries and Causes of Death" (ICD-10). Similarly, in the field of psychology, the American Psychiatric Association developed a manual in which psychological problems are grouped into broad categories of maladaptive behaviours, which are popularly used to provide common language for therapists, researchers, social agencies and health workers. This helps professionals to diagnose and classify mental diseases and select appropriate therapies for them. The establishment of a system of classification of the behaviour pattern is necessary in order to understand and be able to deal with each classified behaviour effectively.

Psycho-diagnosis is the term used for the process of classifying individuals' mental disorders, but other theorists like cognitive, behavioural and phenomenological models prefer to use the term assessment, which describe patients in detail rather than diagnostic labels.

Grob (1991) noted that classifying diseases, especially for psycho-diagnosis, was vague and informal before 1952, when the first edition called Diagnostic Statistical Manual (DSM-I) was published by the APA (American Psychiatric Association) in 1952. It described only one hundred disorders. According to Wilson (1993), the improved manual came out in 1968, with the name DSM-II still describing only sketchy disorders and was not satisfactory for many users. Carfield (1973) observed that the third edition also received criticisms about lack of consistency in it because many clinicians observed the same patients with different diagnosis of mental disorders. As a result of this outcome, the third edition underwent revisions twice, which were known as DSM-III in 1980 and DSM-IIIR in

1987, with attempts to improve the consistency of psycho-diagnosis. Despite these eliminated inconsistencies in the previous manuals, there is still room for considerable improvement.

Widiger *et al*'s (1991) view on the current version or edition which was published in 1994, was not based on the consensus of experts as it used to be because DSM-IV contains more than three hundred specific diagnostic labels compared with those few numbers of the section of World Health Organisation's International Classification of Diseases which is presently the tenth edition (ICD-10).

Therefore, a person can be diagnosed on the five dimensions or axes, which give a broad picture of an individual's problems and their context as follows:

- *Axis-I:*   major mental disorders categories.
- *Axis-II:*   Personality disorders.
- *Axis-III:* Medical conditions as a result of mental problem or behavioural problems such as alcoholic cirrhosis of the liver.
- *Axis-IV:*   Psycho-social and environmental problems such as loss of a loved one, physical or sexual abuse, discrimination, unemployment, poverty, hopelessness, inadequate healthcare, etc. All these could be seen as predictors of the individual's psychological problems.
- *Axis-V:*   The present level of psycho-social and occupational functioning assessment.

All the above-mentioned classifications are very important in psycho-diagnosis, which is the systematic ways of discovering and identifying the types of personality disturbance according to the standard form of classification (DSM IV 1994). As mentioned earlier, the word "diagnosis" is widely used in medicine but now commonly used in psychology, social work, education and other fields.

In the same view, psycho-diagnosis is the unique way in psychological techniques to discover the extent of psychological disorder or damage. As a result of this usefulness, many sectors such as schools, universities, hospitals, especially psychiatric hospitals, are using the psycho-diagnosis procedures. Although, some clinicians prefer to use the term assessment rather than psycho-diagnosis. For this work, the two terms would be used interchangeably.

Assessment, according to Nietzel *et al* (1994), is the use of information collected about an individual's behaviour patterns such as problems, unique characteristics, abilities and intellectual functioning. From any of these information, diagnosis could be made for problematic behaviour, guidance to career choice, job selection, description of patient or client personality characteristics, selection of intervention or treatment, techniques, assistance in making legal decision concerning sending client to an institution; screening potential subjects to pre-treatment in which post treatment is required and many other purposes. Clinical assessments are required for many other purposes. Many clinical assessment techniques comprise four major categories: tests, interviews, observations and life records. Other means for assessment include

observations of non-verbal behaviour during a testing session or interview in order to estimate client's level of distress in social situations.

Kaswan (1981) observed that the terms "testing and assessment" are always confused with each other and defined assessment goal as the ability to evaluate an individual so that he or she can be described in terms of current functioning and also, the future functioning of the individual can be predicted. Psychological assessment involves the classification of behaviour into categories measured against normative standard. Although, tests are used in the assessment process, yet not all assessment procedures are called tests. Assessment could be called test if its procedures for administration, score, and interpretation are standardised. For instance, there is a norminative sample; evidence in support of its reliability and validity. These are the reasons why many experts in the consensus view refuse to call certain tests assessment tools because they only provide the user the information about their client or patient's present and future functioning but do not meet all the psychometric requirements of a test.

In African culture, definition and classification seem to be wrongly viewed to be the general belief of Africans in terms of aetiology of diseases, both mental and physical, which they erroneously believe to be exclusively spiritual or supernatural in origin. For instance, Gelfand (1967) observed that the Shona of South Africa attributed the origin of all psychiatric illnesses to witchcraft practices, familial or ancestral spirits. Also, in Sierra Leone, Dawson (1979) noted that most of the people believed that spirits are the major causal

factors of diseases. Although, many researchers are now able to distinguish between those which are spiritually based and those which are not but caused by other factors different from spirits. Warren (1975) and Price William (1962) were able to identify other variables such as natural, personal, stressful and situational factors that could also play important role in mental illness apart from the influences of spirits and supernatural forces on one's life.

Therefore, proper classification and etiology of diseases are designed in terms of socio-cultural context for therapy. Read (1966) noted that the African systems of classification of illness are based on three types of illnesses. While the first are the common day-to-day illness that could be cured with home remedies, the second are what the Europeans identified as diseases that could be cured with Western therapies. The third are the typical African diseases that could not be cured by Western type of therapies but only with African form of therapies. Other researchers such as Osunwole (1989) Erinoso (1978) Ezeabasil (1981) Oke (1987, 1995) studied the Yorubas while Owumi (1996) worked on the Okpes and concluded that illness causation could be seen as consisting of three basic factors, which are natural, supernatural and mystical. Osunwole (1989) gave account of his experience with Yoruba traditional healers who shared traditional beliefs and attitudes in illness etiology and diagnosis. His study showed that Yoruba traditional societies have three primary classifications of diseases which are natural, supernatural and mystical. Because of the overlapping between the supernatural and mystical, Osunwole (1989) referred to the natural, the spiritual and,

the mystical diseases. While the natural ones are those diseases that affect individuals naturally which could be treated and cured without referring to the healer for treatment, the spiritual and mystical ones affect individuals spiritually, sometimes with human causation (such as people with domestic activities).

Osunwole (1989) further explained that diseases causation by spiritual and mystical means could only be treated and cured by referring to the healer for treatment. Because the classification and diagnosis of this type of disease could only be understood within the context of religious belief system and social system, the aetiology could not be identified by physical examination and other means cannot help the illness. The divine healer that handled the case would examine the causation which could be as a result of breach of taboo, being envied, witchcraft or sorcery. Another system of classification of illnesses in African context is poverty, misfortune and marital problems. This is probably why Osunwole (1989) posited that traditional diagnostic methods,

> examine the total man with reference to his biological,
> spiritual, psychological and social make-up. Yoruba
> philosophy recognises the physical and spiritual man.
> Since the diseases in traditional healing are natural and
> spiritual in nature, diagnosis and treatment of people's
> health problems must equally recognise natural and
> spiritual dimensions.

According to Osunwole's (1989, 1996) observation, in

medicine, physical signs and symptoms are the focus of the diagnostic procedure in which other variables like blood pressure or cell count, pulse rate are included, in order to get the actual physical illness. But the traditional diagnostic methods examine "the total man with reference to his biological make-up." Four classifications are made which are: (1) the Ifa divination system; (2) Osanyin and Eerindinlogun divination systems (3) Visual observation of the clients (4) the healers' experience. All these are based on Osunwole's findings among Yoruba healers.

Jegede (1998) classified illness causation into four, namely, natural, supernatural, mystical and hereditary, but he made known the difficulty in demarcating them from each other since a disease can start naturally and end supernaturally sometimes. It is the traditional healer that can make better distinction from those four types. Turner (1964) observed Nderubu's diviners who believed that the aetiology of illness is by supernatural forces, which are triggered by other human activities such as violation of a taboo and other kinship rules. Therefore, the method of diagnosis is less important because the first step is to define the problem with the patient by the divine-healer through trance and divination in order to identify with magical power. This could be by tossing kolanuts, pieces of bones, sticks setting and finally identifying the problem with the patient's acceptance in particular in the healing process.

Straker (1994) noted that in the traditional African worldview, aetiology of illness comprises the mystical, animistic, and magic aetiology. Magical and animistic aetiology are those illnesses that originate from either the material or

the supernatural world. For instance, a disease could be caused by means through the ancestors, while in the case of animistic aetiology, it is caused by pollution, which could be a result of one's carelessness or from outside invention. Whereas Jegede (1998) posited that mystical cause of certain diseases is as a result of the neglect of gods, ancestors, broken taboos or ritual errors.

Different cultures have different definitions and classifications of health and illness. For instance, the Igbo traditional culture lay much emphasis on communal life and view the interdependent human relationship as an important factor in the lives of individuals while Uchendu (1965) viewed this type of interpersonal relationship as "beneficial reciprocity that is, there is no individual that is self-sufficient, therefore, a man must be able to interact effectively with others and contribute to the general welfare of his family and society."

The classification of psychopathology in the Igbo traditional culture is based on the type of causation and the degree of impairment that is associated with the illness, which comprises the most severe to the least severe or mild cases. Nzewi (1989) was able to demonstrate illness causation in Igbo traditional classification of mental illness in seven major categories which are as follow:

(1) *Onye: Ala* or mad person, which is the most severe type of mental illness according to the Igbo classification of psychopathology. This is because it is not only the head that is affected but also the whole body. As a result, the person's family, regarding the condition as hopeless, often abandon the person and is considered harmless

despite withdrawing into his shell without any knowledge of his surroundings and not being in touch with reality.

(2) *Isi mgbaka:* (Sourhead) is brought about by psychological stress, illness or toxic agents which disturb and make a formerly normal head sour.

(3) *Isi maebi:* (Diseased head): This is when the head is diseased or in a pathological state. This category of people are non-aggressive and are allowed to walk about the streets without any harm to people.

(4a) *Agwu:* A person that belongs to this category is usually believed to be possessed by a spirit. The person is suddenly attacked and is unable to do anything in the appropriate manner.

(4b) *Agwu:* The second type of *agwu* is not like the suddenly attacked kind but it is based on the chronic emotional problem which had been identified as behaviour misconduct of such a person for quite a long time. The two types of *agwu* have the same symptoms and root of aetiology which is a spirit. These five categories listed below were considered to be severe ones.

(5) *Akaliogoli or efulefu:* These two terms are the same concept, though used interchangeably. These types are not really mental illness, but the lack of proper developmental growth and as a result are not matured. They lack the motivation to achieve their goals and are irresponsible.

(6) *Ogbanje or reincarnation of spirit:* The person reincarnates in the same family several times. It is commonly believed in this type of illness that there is a

link between the spirit and the flesh and until the traditional priest breaks the link, the child would not live. Although *Ogbanje* had various forms, any of these could cause mental illness if the ritual is not properly performed. Other sources of mental illnesses are failure to confess to a breach of taboo. As long as a person does not behave in a destructive or aggressive manner even if the person has " hallucinations and paranoid projections that are within the boundaries of culturally determined credibility," the person may only be regarded as eccentric, possessed, distressed, confused, but not mentally ill. Therefore, mental illness is considered only when a man's abnormal behaviour interferes with his interpersonal relationship; his role in the family, social and economic activities.

The feeling of shame is another criterion which one can traditionally use to determine mental illness. Any behaviour one portrays that deviates from a socially or culturally acceptable behavioural pattern by others, as a result shows no remorse or shame, would be considered as mental illness. This would make one to receive no consensual validation for any action.

According to Nzewi (1989), an Igbo proverb states that "*Onye Ifelepulu niru, ola a puba goye.*" That is, "Anyone who is incapable of experiencing shame is mentally ill." Apart from those two criteria from the Igbo cultural set up, other behaviours such as a person's "speech and motor behaviour which could portray mental illness, are non-directional and excessive. Other behavioural patterns include childish behaviour, wearing a number of clothes at the same time,

talking, singing and dancing by the person. All these bizarre behaviours could be noticed in mentally ill persons in the streets and market places.

CHAPTER SIX

Psychological Testing

Historical Background

The recognition of individual differences originated from the writings of Plato and Aristotle who believed that "people differ in abilities, personality and behaviour." Du Bois (1966, 1970) noted that individual differences in testing started as early as 4000 years ago by the ancient Chinese, followed by the Chinese emperor and others in China, who started first with only oral examination in which all the civil servants had to undergo test in order to know their fitness in performing government duties, which was also a continuous process every three years. By the period of the Han Dynasty (206 BC to 220 AD) through the period of the Ming Dynasty (1368-1644 AD), testing had undergone series of changes for oral examination within the local individual or group test battery to national and multi-professional ones, which was used in all public offices across the country.

In 1900s, British and French officials followed the Chinese system of civil service examination procedures. As it has

been with scientific psychology development, it was not until the 19th century that the individual differences in sensorimotor and mental abilities gained ground with earlier pioneers such as Galton, Gattell and Binet after the stimulated discovery of the writings of Charles Darwin on the origin of species and the emergence of scientific psychology.

Galton's interest on the hereditary basis of intelligence and the techniques for measuring abilities, particularly the inheritance of genius, had designed many methods of measuring simple sensorimotor tests and other tests on individual differences such as the popular correlation techniques. Gattell was a student of Wundt in Germany (as mentioned earlier) before he studied with Galton in England where he served as Galton's assistant and returned to USA. In the University of Pennsylvania, he discovered scores on those "simple mental tests of reaction time and sensory discrimination to school marks."

It was the Frenchman, Binet, who conducted the first mental test on children which was found to be an effective prediction of scholastic achievement followed by the development of the first intelligence test by him and his colleague, Simon, in 1905, with the 1908 revision of the Binet-Simon intelligence scale which also introduced the concept of mental age. Another revision of the Binet-Simon scale came in 1991, which extended the work to adult population. Other pioneers in testing were Spearman in interest theory, Thorndike in achievement testing, Terman in intelligence testing, Wood Worth and Rorschach in personality testing, Strong in interest measurement, Otis in intelligence test (the

Army Alpha for literature and the Army Beta for illiterates) which were used for selecting soldiers during and after the war. Since this period, various types of psychological tests had been produced in the field of psychology (Alken and Yen 1979).

Definition

Psychological testing is defined as the process of using tests in any form with the consideration of concepts of psychological test. Therefore, any individual who makes or uses any psychological test is performing psychological testing (Kaplan and Saccuzzo 1982). A test is a measurement or a device that measures something. For example, in a Mathematics or English class, the test has to be performed in order to measure how well a student knows the subject at the end of the course. But in psychology, a test is a device for measuring the characteristics of human beings that pertain to behaviour. This type of behaviour could be an overt one which can be observed or a covert one which cannot be observed in a person. This could be the thought or feeling of an individual (Kaplan and Saccuzzo 1982). Therefore, psychological test measures past, present and future behaviour. In other words, by measuring past behaviour, attempts are made to ascertain what an individual had done so far for the present behaviour to measure what is the current functioning of the person and for the future. Attempt is also made to predict future behaviour in many types of tests.

Test could be an individual test that could be performed by an individual at a time or a group test that could be performed by many people at a time. There is also special

test for measuring certain types of behaviour such as the human ability, which comprises achievement (measures prior learning), aptitude (measures potential for learning a specific skill) and intelligence (measures general potential of an individual). Although, not many authors agreed with this classification of human ability, for instance, Coleman and Cureton (1954) and Kelley (1955) criticised the distinctions made among the three types of ability because they are most intercorrelated while Caroll and Horn (1981) found an overlapping among the three in an attempt to separate them. While there is difficulty in making distinction between the achievement aptitude and intelligence, there is a sharp difference between human ability test and personality. For instance, the human ability test is geared towards capacity and potential, while personality tests are towards overt and covert behaviour of a person.

In personality test, the test does not require right or wrong answers. This also makes it different from the entire ability test. Therefore, personality tests measure the typical behaviour of an individual in whatever culture the person belongs to. There are many types of personality tests which could be objective, that is structured test which is usually a self-report that requires the person being tested to give answers to a variety of questions in the form of yes or no, false or true or a five likert scale such as strongly agree, agree, undecided, disagree, strongly disagree and so on. The unstructured tests are those projective tests in which the test materials or stimuli are ambiguous which the individuals tested had to say or write something about. The responses are recorded by psychologists who are trained to

make meaning out of those responses since the person's interpretation of that stimulus will reflect his or her own unique characteristics.

The Principles of Psychology Testing

The principles of psychological testing are synonymous with the basic concepts and fundamental ideas that underlie all psychological tests which are: (1) Basic statistics (2) Two basic statistics such as reliability and validity (3) Test construction (4) Selection and test administration. All psychological tests measure either human abilities or personality. Tests are standardised measures of behaviour. That is, standardisation is the uniform procedure used to administer and score a test. All the testees must receive the same instructions, questions, time limits and testing situations and environment. The norms give test information about an individual score on a psychological test in terms of the relationship with other scores on a particular test, since everything is relative in psychological testing. Therefore, psychological tests tell an individual how he or she scores relate to other people in the group. Psychological test such as logo test allows the examiner to know what an average student scores in inner meaning fulfilment when compared with others who had taken the test.

Personality Theories and Assessment

London (1975) postulated that the prehistory of personality had long focused on two general trends in personality theory which views personality as a physical structure and also views it as a product of environment. These trends later

represented organic or constitutional theory of personality and the other is dynamic theory of personality. Many personality characteristics are seen as traits which are styles of behaviour; traits are abstract terms which connote the statistical averages of people's behaviour. For instance, if a person is jovial, the trait of being jovial will be seen as a typical behaviour pattern instead of a physical property that the person carries that abound within that person which is called "personality profile."

Personality Type and Traits Theory or Perspective

Dispositional perspectives are widely known as traits and types by the early theorists. While a personality type is a discrete category, traits are continuous qualities that people acquire in different measures. Murray (1962) and Allport (1961) posited that dispositional perspective in personality is a combination of stable internal characteristic, which defines the type of individuals and what motivates them to behave in certain ways. Personality types could be traced back to Hippocrate days in Greece, the father of the doctors who postulated that a particular temperament or basic behavioural tendency is correlated with each of four bodily fluids named humours. Therefore, personality type depends on what quantity of each humour an individual has. Some terms he used to describe personality type still exist till present day such as "Sanguine (optimistic) phlegmatic (slow lethargic) melancholic (sad, depressive) and choleric (angry, irritable). Since then many theorists had built their own personality traits or types. For instance, the most popularly

known organic theory is the Sheldon-Kretschner theory which posited that temperament and personality are merged into three body types as follows: the endomorphic or short, fat type known as viscerotonic personality. Such people take delight in eating and relaxing. Then, the mesomorphic or middle type, which is known as somatomic personality, takes delight in athletic competition and energetic movement while the extomorphic or tall, thin type is known as cerebronic personality that takes delight in restraining, cautioning, sensitising and intellectualising their personality. Unfortunately, there was no proof to support this theory.

Jung (1921, 1933) postulated theory type, which is also known as organic theory. He believed that individuals are born introversive or extroversive while the introverts look within themselves for stimulation and interest, the extroverts look more oriented to the external environment for stimulation and interest. Jung believed that it is not possible to have both types of personality at the same time but it is possible to be an extreme extrovert or to be a slight extrovert. Allport (1961) studied traits for 30 years in order to understand how traits combine to form normal personality. Having discovered at least 1800 traits, he tried to combine those similarities with personality sketch by attempting to identify many types of traits such as common traits which are shared by most members of a culture and distinguish members of a particular culture from the other. For instance, individualistic behaviour patterns are clearly noticeable in Western culture but in developing culture, it is not the case where communuals are the major emphases. Also,

individual traits or the unique qualities of a person sometimes classified as high or low from the common traits, are less consistent and important aspects of a person's central traits which are the basic building blocks of personality and the essence of a person.

Cattel (1966) believed in studying features that make up the visible areas of personality instead of merely classifying traits, which he named surface traits by using questionnaires, direct observation and case histories to determine many people's surface traits. He discovered that these surface traits usually appear in clusters or groups. When such traits appear to represent a single more basic trait, they are called source traits. He used correlations to identify interrelated traits and came out with a list of sixteen factors that underlie source traits which he considered to be the most basic traits to describe a person's personality. These interrelated traits are explicit and implicit, rational, irrational and non-rational, which may exist at any given time, as a potential guide for the behaviour of men.

Eysenck (1970 and 1981) used factor analysis to develop three basic factors that can be used to describe personality, which are psychoticism, introversion, extroversion and emotional stability – neuronism at extreme side. McGrae and John (1992) were among many researchers on Eysenck's three types of personality, who used factor analysis and discovered five factors instead of the propounded three types of personality. For instance, factor one is extroversion; it rates how introvert or extrovert an individual is. Factor two is agreeableness and rates how caring, friendly and nurturant an individual is as opposed to being spiteful, self centred or

cold a person is. Factor three is being conscientious, that is a self-disciplined, responsible and achieving person. Individuals with low rate of this factor are irresponsible, careless and undependable. The fourth factor is neuroticism. It is the presence of negative upsetting emotions. Such individuals with high rate of neuroticism are often anxious or have the feeling of irritability. The fifth factor is openness to experience. Individuals with high score of this factor are often intelligent, open to new ideas and very creative as well as interested in cultural activities, Digman (1990) and Goldberg (1993).

Personality Types and Traits Assessments

Type and trait personality schools aim to categorise and profile a person's behaviour patterns, using factor analysis procedures (as with most traits personality schools) to isolate and correlate personality. While some trait scales provide quick assessments of a single trait and measure some of the personality or pertinent behaviours, others assess many traits once by administering personality inventories, which are longer questionnaires that cover a wide range of feelings and behaviours reflecting a complete picture of the personality of the testee.

Most of the personality types and traits are used as self-report forms of questionnaire to collect data. For instance, Myers (1962) developed a personality test called "type indicator test." This is a self-administered, self-scored paper and pencil test to assess career interest and personality. While Allport (1961) tried to classify individuals into different traits categories such as cardinal, central, secondary and common

traits, this classification allowed testers to place them into such traits categories. Cattel (1966) developed personality tests to measure traits in which he called sixteen personality factor (16PF). The personality factor that is referred to as the main source traits could be used to produce a trait profile. Eysenck (1970 and 1981) used factor analysis to develop a personality test to assess personality traits. Costa and McGrae (1989) developed a test called NEO personality inventory to measure the strength in the five big personality factors, since then the test had been used in many countries. The most widely used and extensively researched on test is personality trait assessment instrument which is the Minnesota Multiphasic Personality Inventory (MMPI) by Hathaway (1965), Hathaway and Monachesi (1961), Hathaway *et al* (1956), Butcher *et al* (1989).

Psychoanalytic Theory and Perspective

According to Condon (1975), dynamic personality theories are all fathomed from the belief that personality does change and grow with experience. One of such theory is psychoanalytic theory which emphasises the interactions of biological maturation and social experience. Freud (1900 and 1960, 1920 and 1924) postulated that personality is in form of structure with three components, the id, the ego and the superego. The id is known as the pleasure principle which controls the immediate gratification that engages primary process of thinking in irrational and fantasy oriented terms, while the ego is the decision-making part of the structure that is known as the reality principle which helps to control or delay gratification of the desires until appropriate outlets and

situations are found, by engaging in secondary process of thinking that is rational, realistic, and oriented towards problem solving. The superego is the moral part of the personality structure that incorporates societal standards of rights and wrongs.

In psychoanalytic terms, conscious and unconscious psychology determine thoughts, feelings and behaviours. Therefore, the ongoing series of internal battles between id, ego and superego result in conflicts which an individual uses as series of defence mechanisms such as repression, dental displacement and so on to cope with all these internal conflicts. Ordinal conflicts are trivial and quickly resolved in one way or the other, however a conflict may last for days, weeks, months or years unresolved and create internal tension which may lead to all sorts of personality disturbances or maladaptive behaviours.

Freud also believed that individuals are born with basic instincts or needs which are not only for food but also for sex and aggression, apart from all the physiological needs such as food, water and so on, fulfilling all these needs are not without frustration. Therefore, personality development is a product of how one goes about in satisfying all the basic needs in life.

According to Freud, personality developed in four psychosexual stages. The first stage is called the oral stage, which is in the first year of life where children depend on others for all their needs. The second stage is the anal stage, which is about one-and-a-half year old where the child first experiences some independence from the parents' care given by starting to walk around although with parental

restrictions coupled with the period of toilet training. The third stage is in between the fourth and fifth year which is the phallic period where the child's feelings of pleasure centre on the genital parts of his body. The fourth stage is the school age from six or seven when the child enters a "latency phase" where there is "a relative psychosexual calm." The fifth stage is the genital stage which starts from puberty. This is the period of adult maturity, the main focus being relationship and goals in life such as fulfilment of career aspirations.

According to Freud, the manner a child goes through each of the five stages would determine the later behaviour. For instance, fixation at oral stage evolves into observed behaviours such as in eating, smoking or fixation in anal stage, from toilet training, which evolves into anxiety about sexual activities in later years. In order to understand personality, according to Freud, there is the need to be able to navigate into the unconscious through the use of free association that allows his patient to say anything that comes to his mind and also uses dream analysis to know what is in an individual's unconscious mind. All these ways of exploring the unconscious mind became what Freud named psychoanalysis. The neo-Freudian and post-Freudian theorists, who are the followers of Freud, accepted Freud's basic ideals or made modifications while others disagreed with some and developed their own theories alongside Adler's (1917 and 1927) theory of individual psychology which seemed a factor shaping personality as well as the foremost human striving for superiority not for sexuality.

Jung's (1921 and 1933) theory of analytical psychology

is different from psycho analytic theory because it emphasise the unconscious that consists of two layers which are collective unconscious and archetype images. These are thought forms that have universal meaning that shaped individual personality, instead of the Freud's three components of personality.

Many notable psychoanalysts include Erikson (1963 and 1968), Fromm (1941), Horney (1937), Sullivan (1953) and Anna Freud (1946). They propounded that ego is more than just a mediator in conflicts among id, superego and environmental ego and therefore developed creatively and adaptively on its own before the anal stage. Also, Hartman (1939) viewed ego as being responsible for language development, perception, attention, planning, learning and many other psychological functions.

Psychoanalysis Assessment

In the assessment of personality in psychoanalysis, the objective is to reveal unconscious motivations. The first major type of method used is "free association" developed by Freud which enables the therapist to provide a word and the patient freely responds with the first words that come to his or her mind. It is the patient's responses that the assessment will be based upon. A projective test is the second major method used to assess personality based on psychoanalysis. The test consists of ambiguous stimuli, which the testee has to respond to by describing or telling stories about them. Since the stimuli have no specific meaning attached to it, therefore, any meaning the individual has to the stimuli is assumed to be the person's interest and

conflict which is interpreted according to the author's interpretation's guideline. For instance, Rorschach developed the most popularly known projective test widely used in research and practice in 1921. It consists of ten cards with symmetrical inkblots that are shown to the testee with the instructions to generate responses.

Since then many researchers had worked on the projective test by using computer assisted scoring to enhance the practical usage, Shortz and Green (1992), Exner (1986). Another widely used projective test is the Thematic Apperception Test (TAT) which is a collection of thirty ambiguous pictures, mostly of individuals in different situations, which were developed by Murray (1938). This allowed people to make up stories of each scene or card, by expressing their fantasies of achievement, which reveal their concerns and conflicts. Other projective tests are in form of drawing a person, a house or family or to complete a sentence that has a gap in it in other to make sense out of the sentence, which will be assessed by the tester accordingly.

The Cognitive Behavioural Theory and Perspective

The cognitive behavioural perspective, which is sometimes called the social learning approach to personality, is in contrast to the psychodynamic and dispositional approaches that are personalities comprising inner dynamics or traits that guide covert and overt behaviours. Cognitive behavioural approach reflects the traditional behavioural assumption that covers all classical and operational conditioning. Phares (1991) and Rotter (1990) emphasised

the importance of the learned patterns of thought in guiding actions in social situations by observing the behaviour of other people in our environment.

Watson (1924) proposed that all human behaviours from mental disorder to scientific skill are determined by learning. Another author who wrote in support of this view but made the scope wider was Skinner (1953), who emphasised the importance of operant conditioning in learning. One of the most important aspects of this view is the functional relationship, which is the relationship between learning and environment through reward and punishment. Some behaviourists after two decades discovered the narrowness of the original concept that focused on observable behaviour and its role of thoughts in guiding behaviour. Instead they focused on the assessment and understanding of how "learned patterns of thought contribute to behaviour and how behaviour and its consequences affect cognitive activity as well as future actions." Researchers like Rotter (1954 and 1990), Bandura (1978 and 1982a) and Mischel (1986) believed that learning creates cognitive expectancies that guide behaviour which is expected from a situation with the values attached to it and determined the behaviour controlled by either the external or internal force an individual is prone to.

Bandura (1978 and 1982a) posited that personality is controlled by "reciprocal determinism", which is the self-efficacy and interactions with experience about the outcome of behaviour in general and the result of this interplay helps to shape a person's psychological well being." Mischel (1986) supported Bandura's view but laid much emphasis on the

person's variable and situation variables that shaped personality. Phares (1991) and Rotter (1990) emphasised the importance of the learned patterns of thoughts in guiding actions in social situations by observing the behaviour of other people in the environment.

Cognitive-Behavioural Assessment

Cognitive behavioural measures the reciprocal influences between individuals and their situation by the way the situations are perceived and the level of control over those situations by using questionnaire and direct observation of behaviour in particular situations. Interpretations are made from the self-reports and direct observations. For instance, Rotter developed a personality test called the internal-external locus control scales or I-E to measure the belief that some individuals are either internals or externals. Subsequent studies such as Eskew and Riche (1982) and Phares (1991) had shown that internals do better at jobs in which they can set their pace while externals work better when the work is under a machine's control. Others like Strickland (1988) discovered that internals are more healthy and conscious than externals and more likely to seek medical attention whenever they are sick and also they are less likely prone to stress-related diseases.

Phenomenological Theory Perspective

Phenomenological perspectives are also known as humanistic perspectives which view personality as a product of perception and the interpretation of an individual to his environment. That is, in order to understand man, one

focuses on the mental qualities such as self-awareness, creativity, planning, decision-making and responsibility," which means man has a focus that makes him different from other species. This concept is rooted in both philosophy and psychology. Therefore, philosophically, the mental experiencing of the world is known as phenomenon, which grew out of existential philosophers such as Nietzsche Krierkgard, Sartre. Among the most important existential philosophers are Binswanger, Boss, Frankl, Lang and many others who emphasised the unique experience of reality as well as Gestalt psychologists who believed that an individual actively shapes that reality in part or whole of a person. Later, other views came from Adler, Jung, and Frankl's view of personality, which focused on human positive nature and growth.

Kelley (1955) blended phenomenological concepts with cognitive-behavioural views and formulated personal constructs, which are generalised ways of anticipating the world. The nature of a person's unique constructs enables the individual to predict and understand himself and others. Rogers (1942 and 1980) posited that personality is the expression of an individual's self-actualisation and ability to perceive reality. He emphasised the importance of self-concept of a person in shaping personality. That is, congruence between the true self and ideal self, plays an important role in the well being of a person.

Maslow (1954 and 1971) viewed personality like Rogers but laid emphasis on a basic human tendency towards growth and self-actualisation, which is not just a human capacity but, a human need. It is, therefore, in the highest

hierarchy of needs and everyone has the potential to reach this highest need but people direct attention to other things, which prevent them from reaching their self-actualisation.

Phenomenological Assessment

An assessment procedure named Q-sort technique was developed by Stephenson (1953) which was adapted by Roger in order to develop his own technique, since many psychologists had developed similar techniques to fit their own needs. For instance, Block's (1961) California Q-sort is a good one used by many humanistic theorists. The Q-sort consist of hundred cards with Q-self-descriptive phrases printed on each card, for instance, some statements like, "has a high aspiration level of self" or "is a talkative person." Each card had to be sorted into nine categories, the 9th to the 1st, according to how the phase is applicable to the testee. This provides both types of testee's self-concept. Then the sorting of the card to fit the testee's ideal and real selves are later correlated to find the coefficient of psychologically healthy person's real and ideal selves, which are usually close to 1.0 correlation. It was discovered from several studies, which indicated that the farther the correlation is from 1.0, the less accepting people are of themselves and the less fully functional.

Apart from the Roger's Q-sort test, there are many other tests based on the phenomenological approaches. For instance, there are more than a dozen tests popularly used in logotherapy in Western countries where they are predominantly used to measure various variables in logotherapy.

CHAPTER SEVEN

The Life Cycle and Stages of Life or Rites of Passage

The words cycle or stage of life or rites of passage are used here to describe the physiological, psychological and sociological periods of the individual's life. This period begins at birth and finishes with death. These changes vary from one culture to another. For example, in some culture, there is no social period of adolescence, while in some other cultures these are common issues well documented by several researchers dealing with developmental issues in Western countries.

Sieber and Walker (1988) posited that the pattern of life cycle of Africans was not studied and documented until lately in the 20th century. For instance, the writings of Hertzt in 1907 to 1909, Webster and Van Genneg in 1908, were cases of documented life circles. Hertst in 1908 to 1909, noted the existence of life cycle with various patterns in which each stage is marked with ceremonies. He also noted that the patterns were not only with a single individual's life cycle but the changes also do occur from one group to another. That is, "societies conceive the life of a man as a succession of heterogeneous and well-defined classes to each of which

corresponds to a more or less organised social class" (Hertzt, 1908). Most of the early scholars see the rites of passage as an interaction between biology and the environment. For example, Mayerhoff (1982) sees all the rites of passage as a function of biological interaction with culture. Van Gennp viewed this as a biological change of interaction with sociological changes. He further explained that man's life cycle in any society constitutes various changes in passages, which moves from one cycle to another.

Apart from age, the successful completion of training for career or occupation is also required to be marked with ceremonies. Therefore, Africans' minds cannot be freed from sacred. In African culture, every change in a person's life indicates actions and reactions between the sacred and profane.

Sieber and Walker (1988) posited that continuity is another important area in a man's life cycle. This is because the future of the family and the group rests on the ability of the present generation to continue the next one as a result of procreation, reproduction and socialisation of the children from childhood to adulthood and are usually strictly followed by the quest to bear children. Males are precious to people in a patriarchal society while in a matriachal society, it is the females. Hence, any woman who is infertile could loose her marriage in African culture as a result of pressure from the society, especially from the husband's family. In addition to this issue of not being able to bear children, children are not only a guarantee for continuity but also a sure source of reincarnation of the family (Sieber and Walker 1988). It is worthy to note here that apart from

the rites of passage, there are other rituals for various stages of planting through harvesting as well as before eating the food. Some rituals were performed to cope with life crises like epidemic or poor harvest of farm crops. Infertility and disease also require special sets of rituals. This does not mean rituals that are neither seasonal nor transitional tend to be associated with crises such as drought, bad hunting, war, human infertility, illness, etc. Often such events are believed to have been caused by "special forces." This is the reason why divine power had to be called upon during rituals for intervention in such crises (Sieber and Walker, 1988) and Turner (1967).

Apart from the rites of passage that are very common to Africans, there are several life changes that individuals pass through in Western countries. There are similarities and dissimilarities between the two cultures. Also, there are many psychosocial and cultural differences that determine the individual's ability to go through these changes without difficulties. In Western countries, several of the theories had tried to provide useful approaches to understanding adult development and behaviour. For instance, Jung (1971) gave four stages of life, the first of which is childhood, and it ranges from birth to puberty or sexual maturity. There is no observation of identifying crises in this period. The second stage is the youth and young adulthood stage which begins with sexual maturity and extends to late thirties. Jung believed that the successful mastering of most of the developmental tasks for each stage leads to good adaptation, which many people in all the stages are able to go through except in some cases where inadequate feelings, and other problems could

make such people fail to adapt.

The third stage is the middle age, which starts at thirty-five (35) years and ends at old age. Jung named this stage a "watershed" stage because half of life is used to prepare for living while the other half of life is spent on preparation for old age and death. He saw this reason as the root of depression during this stage unless individuals engage in self-re-evaluation, and develop new values, interest and are able to identify the true meaning of life. The fourth stage is old age, which Jung (1971) posited to be identical with childhood. Because of old age, one's submersion in the unconscious becomes slow until one is no longer conscious of one's self. Gould (1972 and 1975) studied 524 men and women and proposed six stages of adult life cycle, which are:

16-18 — majority of them desire to escape parental control.

18-22 — they cling more to peer group by leaving their family.

22-28 — liberation from parents and more attention to work and children.

29-34 — the strive for immediate attainment of goal because of the limitation of time.

43-53 — settle and accept one's self.

53-60 — ability to tolerate things and have less negative thoughts about them and accept the past while facing the future.

Gould did not anticipate many crises in all these stages. Also, Buhler (1967) identified five stages of the cycle which are mostly goal-directed behaviours and creativities. The first

stage is from 0-15 and in this stage some goals are set although they are not apparent. The second stage (15-25) is the stage of experimenting and also known as reprogramming stage. The third stage (25-45) is the stage to determine and to achieve self-directed goals, while the fourth stage (45-65) is the stage where most people do self-assessment and evaluate where success and failure could be amended. The fifth stage (65 and above) is the stage of amendment to new changes where it is necessary and discarded when unnecessary.

Erikson (1963) postulated eight stages, which are universally experienced in view of biological, psychological and social events. Every stage focuses on its crises, which must be resolved before optimal development could take place.

The summarised eight stages are the following:

(i)   Early infancy (birth to 1 year) — There should be development of trust at this stage, otherwise mistrust will surface.

(ii)   Later infancy (1 - 2 years) — A sense of autonomy is necessary to be developed here, otherwise its critical result will be doubt and shame.

(iii)   Early childhood (3 - 5 years) — A sense of initiative must be developed, otherwise a sense of guilt will be developed instead.

(iv)   Middle childhood (6 - 12 years) — A sense of industry must be acquired to avoid inferiority crisis. This is done by giving praise to the child when the child builds, paints, reads, studies and does other productive activities. But if this is not done and the child is faced with negative criticisms, a feeling of inferiority will develop.

(v)   Adolescence (12-18 years) – A sense of identifying must develop in order to avoid total confusion. This age is a turbulent time in many Western cultures.

(vi)   Early adulthood (18-45 years) – A sense of intimacy is developed in order to avoid a sense of isolation. This is the time to form bonds of love and friendship with others.

(vii) Middle adulthood (45 to 65) – A sense of creativity is expected here. This is the period of gaining sufficiency of oneself in order to avoid stagnation that could lead to one's life losing meaning by feeling bitter, dreary and trapped, concerning one's own needs and comforts.

(viii) Later life (65+) – A sense of integrity is needed in order to avoid being despair about life's regret. The person who lived responsibly and mastered all the previous life's stage tasks could develop a sense of integrity without any regret about life. This allows the person to face the ageing process and death with dignity. One could see that the ultimate achievement in life is self-fulfilment.

Havighurst (1980) identified seven stages of life with major developmental early adulthood stages that covered eight developmental tasks; which are: mate selection; learning to live with a spouse; starting a family; rearing children; managing a home; starting a career; accepting a civic responsibility; and joining a congenital social group. While middle adulthood (30-35) contains only six tasks like late adulthood, Havighurst saw more crises in the middle age period than in others and stressed the importance of cultural

and social class variations in all stages.

Levinson (1977 and 1980) and his colleagues after ten years of studying men and their occupations, came up with five stages which are the pre-adulthood age, 0-22; early adulthood age, 17-45; middle adulthood age, 40-65; late adulthood age, 60-85; and late adulthood, 65+. Two important tasks of the first stage are to explore the possibilities of adult living and create a stable life structure.

According to Levinson, the second stage has two levels which is the state when hardwork is the watchword in order to achieve one's goal. It is at this period that some people face crises. Some of them may get frustrated while others may successfully pass the crises stage. After thirty years one would enter into what Levinson called the "boom" period when a man becomes an adult. The forty to forty-five stage, which is the gap between early adulthood and middle adulthood, is called the "midlife transition" where questions are asked about their lives. In sum, human life cycle development is a life-long process that starts with birth and ends with death.

Development, therefore, is in sequence and every individual must develop on his space because of the uniqueness of human beings. While some developmental tasks create problems for some, others master and overcome those problems without any stress.

CHAPTER EIGHT

Adjustment and Psychological Well Being (Mental Health Concept)

Many experts are discontented with the use of quality of life for terms such as mental health and illness and suggested the use of other terms like normality or abnormality or adjustment and maladjustment. But none of these terms could provide a good alternative. For instance, Szasz (1974) was dissatisfied with the view that psychological disorder is analogous with physical disease by checking for symptoms of an illness in the same way physicians look for symptoms of a physical disease. He believed that many mental disorders involve problems of living and that patients should be allowed to solve their problems themselves because they cannot be cured in the same way that a physician cures a disease. Therefore, adjustment is usually used as an alternative to the concept of normality. Many psychologists who supported Szaz are now using maladjustment instead of abnormality or mental health. As a result of these views, mental health, illness or adjustment or maladjustment, psychological well being and normality or abnormality would

be interchangeable in this book. Jahoda (1958) after going through numerous literature, pointed out the criteria that are unsuitable to define a good mental health, which are:

(i) The absence of mental disease is necessary but it is good to have optimum growth of positive mental health.

(ii) The concept of normality can have many meanings and still makes no sense statistically.

(iii) Adjustment is too vague and can mislead many people. He believed that poverty and oppression can militate against a person's ability to adjust. He, therefore, categorised six areas as the major criteria for positive mental health, which are as follows.

    (a) Self-regarding attitudes

    (b) Growth, development and self-actualisation

    (c) Integration

    (d) Autonomy

    (e) Perception of reality

    (f) Environmental mastery

Maslow (1970) believed that a mentally healthy person must be able to satisfy his basic needs and reach his level of higher needs, especially the level of self-actualisation while Erikson (1959), Havighurst (1972) and other mental theorists, saw an individual with a good mental health as the ability of the individual to successfully master all the stages of the developmental tasks required without freedom from life crises. The mental health concept of the WHO (World Health Organisation), which is also accepted by American Psychiatry Association (APA) DSM IV (1994), sees the physical, psychological, social economic and occupational functioning

of an individual on a continuum of mental illness that is not a function of an individual.

Therefore, mental health correlates well with physical health and the environment. This includes the general living conditions and interpersonal relationships. One affects the other in such a way that a poor environment, which includes poor living conditions or poor interpersonal relationships may cause mental and physical illness while the illness could as well result in poor interpersonal relationship and poor living conditions. From this view, Asuni *et al* (1994) posited a reflection of the state of the mind and the state of the body on each other. For example, a psychologically healthy individual tends to have fewer physical illness and maladjusted symptoms than a person with psychological problems. Therefore, a psychologically healthy person can take better care of his body. Also, VanHoose and Worth (1982) believed that the criteria of mental health are the ways an individual adapts to life. Therefore, the healthy person can face health problems and deal with life changes and difficulties without loss of control. Good interpersonal relationship and positive feeling about oneself are the criteria for good mental health.

Freud (1959) postulated that a good mental health signifies the ability to love and work. His theory of personality had helped to throw more light on the understanding of how one's ability to love and work develops. The three structures of personality include their needs or instincts, ego, which is the reality perceiving, learning and controlling aspects of personality and, the superego which is the normal and refers to moral ideals and prohibitions acquired from society

through socialisation. According to Freud, the successful interaction with these three sub-structures by an individual's unconscious level, signifies a good mental health. Therefore, a healthy individual is able to resolve conflicts between needs, reality impulses and morals without any feeling of shame or guilt and be able to love and work.

Jung (1971) saw the measurement of a healthy person as self-realisation. That is, an individual is seen as having the conscious side, which is open and visible, and the unconscious side, which is closed and invisible. The ability of a person to integrate all aspects of self into a coherent meaning of life matters a lot. Jung believed that all individuals strive for greater self-realisation and express their unconscious side or shadow aspects of life, and he equate such individuals with self-realisation with a good mental health.

In Africa, Parrinder (1967) opined that health is the harmonisation of man with his environment such as all the powers that affect his life, family, the community and the world. Therefore, good magic and medicine enhance life, health and material wealth. Witches, diviners, *babalawos*, or Imams, Priests or Pastors are usually consulted because of their knowledge of the Supreme Being. Through manipulation of certain supernatural element and casting of spell, they could affect their clients' wishes. This is as a result of lack of " scientific conception" of the cause and chance in African conception of reality.

Most scholars, especially Mbiti (1969), postulated that many factors like wealth, health and illness do not come by chance but they are attributed to the gods as causal factors. They could not distinguish between the natural and

supernatural. The concept of senses is also related to this view. For example, diseases could be physical, that is, the ones that mostly occur naturally or supernaturally when caused by unseen forces.

Apart from medical solutions provided by the diviners, other forces must be consulted. Sometimes, sacrifices and other rituals must be performed for the clients to be well. This belief cuts across African societies. Same observations have been made, for example, among the Bono of Ghana by Warren (1975), the Yoruba of Nigeria by Drewal (1984). All these groups and many others had been studied and documented by different researchers.

Harley (1970) posited that all diseases in Western's view are not the same with African's diseases. For instance, some Africans do not consider malaria or yaws as disease yet they are very rampant in Africa. He, therefore, defined health as a state, which is based on an individual's perception of knowledge and interpretation of the normal state, the symptoms and conditions that deviate from the individual's definition. He identified three types of traditional "medicine men" who could restore health as follows:

(i)   The actual doctor (herbalist) also known as "man for the trees."

(ii)   The diviner whose major job is to diagnose any type of illness (other requests).

(iii) The witch doctor's job is mainly to "catch" or expose the witch "or exorcise evil spirits."

Sometimes, a person could combine two or all of the three roles Lambo (1964) .

Concept of Psychological Adjustment in the Nigerian Context

Bakare (1986) posited that "the adjustment of a person is the characteristic way in which he perceives, reacts to and solves the main problems of life." That is, a person interacts with the environment as the need emerges, causing disequilibrium between a person and the environment, which gives room to the process of adjustment. The need could be physiological or social such as body temperature, food, water, shelter, and the need for recognition, social approval, prestige or power, comfort, self-esteem and achievement. As soon as the need is satisfied, there would be a feeling of psychological well-being as a result of the restoration of homeostasis with the continuous process of satisfying needs in this way but the fast-changing environment in Nigeria where nothing works i.e. water, light and shortage of other amenities, would not allow this.

Also, in Nigeria, where time-worn methods of need gratification quickly become obsolete and the need for food, shelter, and safety are still difficult to satisfy because most of the attempts to satisfy the aroused needs fail and result in frustrations. A situation like this requires the right type of coping strategy to continue, maintain equilibrium with the environment and the person. However, if an individual inadequate coping method is maintained, it could lead to unsuccessful restoration of homeostasis for a long period which could lead to illness as well lead to death. Bakare, therefore, posited three methods of coping; direct attack or the fight response, the divergent response and the submission or freeze or inert response.

According to Bakare (1986), psychological adjustment involves a continuum of adjustive processes from coping through adaptation to psychological well being. Therefore, "coping refers to the mobilisation of an individual's biological, social and psychological resources in order to deal effectively with life stresses." However, Bakare lamented that in the Nigerian society where there is a fast-changing technology, the usual traditional method of coping may no more be effective. This involves an adaptation process that is difficult to maintain.

The Nigerian traditional society is hierarchically structured with a continuity between the living and the dead. At the lowest level are human beings of all ages. The intermediate between the living and God are the dead ancestral spirits; since God is at the top level of the hierarchy. The spirit is seen as the guardian or the protector of the living. People receive punishment as a result of violation of norms or breach of the taboos set by the traditional society. While the European society, according to Bakare (1986), would see no continuity with the dead person, God is, therefore, seen as the almighty God who is surrounded with angels and waits for man's death in order to face judgement and thereafter sent to heaven or hell according to his work on earth.

Western societies also emphasise individual materialism, competence and personal responsibility as well as causal analytic thinking. The Nigerian society puts great stress on co-operation, harmony, and kinship network. As the Nigerian traditional society is gradually being westernised, it is becoming obvious that formal education has not been

able to help Nigeria to adapt to the modern system. For instance, education has not succeeded to any great extent in modifying the spirit world aspect of the African cosmology and its depressive effects on human adjustment. A survey of people with higher education even showed that education had not yet provided a method of coping with the present changing world, Bakare (1986).

Bakare said the term, psychological well being, is synonymous with other terms such as quality of life, life satisfaction, overall life happiness, and inner sense of security. The individual's perception of the overall quality of his life consists of both internal and external aspects of the individual which are achievements that could be observed in the environment such as adequate physical health, food, shelter, job security, financial solvency, religious affiliation, efficiency of government and political stability. While individual's internally-based perceptions are subjective factors which are essentially private indicators of satisfaction of inner psychological need; job situation, family life satisfaction, access to social support and a satisfying philosophy of life. In sum, the level of an individual's psychological well being in the Nigerian setting determines all the thirteen factors. The significance of psychological adjustment, according to Bakare, is central to the attainment of economic, educational and technological progress as well as to the achievement of national security and political stability and also the attainment of individual and national physical and mental health.

Adolescents and university students are among the groups from a large proportion of the Nigerian population,

which are affected in the fast-changing environment with the type of childbearing and family set-up coupled with unmet societal expectations. Among normal methods of coping strategies for adolescent are group solidarity such as cultism, recourse to native medicine and drug abuse, examination malpractices, rowdy parties, demonstrations and other forms of anti-social behaviours. Many of these behaviours are part of coping methods, which are substitution act or submission response that could not maximise the psychological adjustment of the students involved in the act.

*Logotest: Inner Meaning Fulfilment Scale (IMF Scale)

Dr Elizabeth Lukas, a former student of Frankl, in 1986, developed the logotest from Frankl's concept of theory of logotherapy in Vienna. The initial test construction was made by the author in 1984 as a PhD dissertation under the supervision of late Prof. Frankl, who was the founder of logotherapy, and Prof. Gisether Guttman both at the University of Vienna, Austria in Europe. Since then, many PhDs, Masters and Bachelor's degrees had made use of logotest apart from several studies in Europe, USA, South America and other countries. The major objective of the logotest is to discover, within a short time, possible "noogenic problems" so that a therapy plan can be made in time or at least the problem can be examined in counselling or psychotherapy.

Logotest was used by physicians, psychologists, educators, social workers and ministers to discover how securely their clients are placed in a positive value and meaningful orientation. The test is good when combine with other tests as part of tests conducted by clinicians when a

patient is suspected of having suicidal tendency, after being released from a clinic or during rehabilitation process. Apart from its importance in clinical evaluation or diagnosis, the logotest "is an ideal measuring tool for research such as checking connections between loss of meaning, and the mass neuroses of our times." The test was developed to objectively meet the following four requirements.

(i) It was to differentiate between psychologically healthy and sick persons and allow reliable testimonies about their orientation.

(ii) It was to explore whether the range of test results was wider with the psychologically sick than with healthy persons. This required that the variability of positive and negative attitudes should be broad enough to permit meaning.

(iii) It should enable the clinician to find a cut-off point that would help diagnose the intensity of a noogenic problem as "critical" or even "pathological."

(iv) Despite the heterogenous sub-tests, the test is known to be one-dimensional and homogenous for both sexes (Lukas and Prebble 1989).

There is no doubt that logotest has fulfilled the above-mentioned criteria. It has also served as a reliable diagnostic tool for logotherapeutic practice which includes the procedure for counsellors not trained in logotherapy that assist in decision-making concerning specific cases in which efforts are being made to know the usual psychological technique or if the question of meaning should be considered. Since we are in a "meaningless world" with

"meaningless problems," it is necessary to create a meaningful tool that takes into account our life purposes, goals, values and beliefs. The logotest had fulfilled this task.

Psychometric properties of the original English version of logotest and the statistics about the test construction could be summarised by the following nine steps based on the logotest's manual. The first step was the construction of part 1, which was based on the response of 1,000 selected individuals aged between 20 and 70 years, that were asked to answer those questions they considered important and valuable that could provide meaning in their lives. Lukas (1986) and Prebble (1989) only got 515 respondents who gave positive responses out of 1000 individuals questioned. While the rest 485 respondents either refused to answer or avoided the topic or denied any meaningful content in their lives. Those positive responses were then sorted and converted by Lukas (1986) and Prebble (1989) into "yes" or "no" questions for part I as follows:

(1) Own well being (possessions, advantages, pleasant life,).
   • To be frank, I prefer a pleasant and peaceful life without great difficulties and with sufficient financial resources.
(2) Self-actualisation (having identity, looks, success).
   • I have certain ideas on what I would want to be like and in what areas I would like to be successful and I try to realise these ideas the best I can.
(3) Family (partner, children, home and finding an existence).
   • I feel happy in the safety of a home or community, within my family and would like to help my children (if I have any) to gain a similar foundation.
(4) Main occupation (training, studying, career, work,).
   • I find fulfilment in the work I am engaged in or for

which I am preparing myself.

(5) Social aspects (love, contacts, social tasks, friends).

•I have commitments and relationships with one or several people and find pleasure in living up to these.

(6) Interests (knowledge, sport, hobbies, traders, leisure activities).

•There is one special activity that particularly interests me, about which I always want to learn more, and which I do whenever I have the time.

(7) Experiences (nature, art, moods, harmony).

•I find pleasure in experiencing certain kinds of things (arts, nature) and on which I work whenever I have the time.

(8) Service based on conviction (religion, politics, reforms).

• I believe in religious or political task, especially for one connected with progress, and place myself at its disposal.

(9) Overcoming distress (overcoming illness, self-preservation and reconciliation).

•When my life is darkened by suffering, worries or sickness, I make great efforts to improve the situation.

Part I was based on the assumption that individuals who accepted many of the above-mentioned "meaning factors" for themselves would have a positive "inner meaning fulfilment" while those who could accept only a few of these factors suffered from lack of meaning orientation. Therefore, these studies had confirmed that most normal population who answered fewer than five questions are considered to

be "noogenically endangered" while the same thing is true for the psychologically sick population who responded to four or fewer questions with a "yes."

The second step was the construction of part II of the logotest. Part II of the logotest was used to "psychometrically define the phenomenon of existential frustration" which studies had proved that "seven reactions to existential frustrations that mode into the following three different meanings of statement: (a) very often, (b) once in a while (c) never.

(1) **Aggression**: The feeling of helpless anger because you thought that all you had done so far was in vain.
(2) **Regression**: The wish to be a child again and to be able to start all over again.
(3) **Overcompensation**: The observation that you try to present your life to yourself and others as being richer in content than you really are.
(4) **Flight reactions**: The desire not to burden yourself with deep and possibly uncomfortable thoughts about what you are doing.
(5) **A reasonable coming to grips with the situation**: The hope to turn an unsuccessful project or a misfortune into something positive if you only try hard enough.
(6) **Neurosis**: The thought that at the moment of death, you would have to say to yourself your life had not been worth living.
(7) **Depression**: The mood of anxiety which overcomes you against your better judgement and which causes an agonising loss of interest in everything that comes up.

It was discovered that only one of these reactions has a

positive aspect. That is, the coming to grips with the situation, which means to improve on what has being done. While the six above-mentioned reactions to existential frustration make the matter worse or make the situation very difficult for the person, this is also a reaction to existential frustration but help the person to adjust better to the situation. The assumption in part II was that the respondents who responded to very few of those six questions are not suffering from a strong existential frustration, but those who responded to most of the six reactions indicates "insufficiently experienced meaning in life." That is, they suffer from a strong existential frustration. Because of the positive implication of item 5, it is usually evaluated differently. It has even been confirmed to have significantly contributed to the total score of logotest.

The third step is the construction of part III of the logotest. This comprises two sections: The first section was used to help the evaluation and also to exemplify the last section because of the description of the three existential lives using three case histories that are based on what would be the reaction of an individual that is prevented from achieving a goal in life.

(i) The individual that achieves a new goal was used as an example to this case history:

A woman is very successful in her life. What she really wanted to achieve has escaped her but in the course of time she has gained a good position and can face the future without much concern.

(ii) The individual that stubbornly tries to reach a goal was used an example to this case history:

A woman insists on reaching a goal she has set for

herself. She clings to it in spite of constant failure to reach this goal. She has sacrificed much and, in the final analysis, has gained little.

(iii) A woman has made a compromise between her desires and the realities of her life. She dutifully fulfils her obligations although not with particular pleasure. But at a time, whenever there is an opportunity, she returns to her private ambitions (Lukas and Prebble 1989).

The respondents were then made to answer who is the happiest or suffers most among the above-named three case histories.

The second section was a blank box provided for the respondents who responded by writing their own similar case histories inside the box.

Studies had confirmed also that those who have flexibility in searching and finding meaningful goals, usually have stable "inner meaning fulfilment." While those who are adamantly trying to reach the set goal despite the difficulties or obstacles they faced, are always experiencing "existential vacuum" if they could not reach the settled goal finally. Also, a change towards a new goal mostly has positive meaning. This section, which is the last section of the logotest, produces important information to the test. That is, the free description of one's own case provides transparency to the test in three ways which, otherwise, might remain uncovered.

(i) The recognition of tendencies to falsify.

(ii) Differentiation between "success and meaningful fulfilment," two variables, which according to locotherapy,

are not congruent. They may contract each other and so are difficult to measure in a test.

(iii) Discovery of positive attitude towards good or poor conditions. These conditions are socially desirable and are often presented honestly only if the tested person can state them without being asked directly (Lukas and Prebble, 1989).

Although, it is very rare to make falsification in part III, the other aspects of the section provide the test improvement and quality of information to the test scores too.

The fourth step is the reliability homogeneity and objectivity control in the following four methods. In order to achieve this aim, therefore, a sample of 340 normal individuals and 55 patients of the Psychiatric Neurological University Clinic of Vienna, were the participants. The data were subjected to computer analysis.

The second method carried out was the character objective reliability analysis for part III in terms of content analysis on both the meaning continuum and attitudinal scores. But the correlation between the success continuum and meaning continuum were very low. Each of this continuum also had no correlation with the total score of the logotest. When all the three parts were analysed with Rasch analysis and checked with the computer, they all passed the reliability and homogeneity control positively (Lukas and Prebble, 1989). The third method was the use of Rasch analysis as reliability and homogeneity control of the total test with the computer. This succeeded in interpreting test items independently from the participating population by testing the one-

dimensional questionnaires.

It was found that the one-dimensional logotest and its subtest passed the homogeneity control positively. The fourth method is the evaluation of the total test for sex independence, which was tested by Rasch analysis to evaluate homogeneity for sex variable. It was discovered that there was no significant difference between male and female test groups.

The fifth step was to use validity control in three methods. Therefore, a validity control for correlating the subtests to the total score was first of all done. It was found out that each subtest contributed significantly to the total scores of percentage at the significant level.

The second validity control was the internal validation of the logotest with the external criterion "general psychohygiene." In order to achieve this objective, another sample of 340 participants were given both the logotest and the Rorschach test. A high correlation was found between the total score of the logotest and the Rorschach Test.

The third method of the validity control was the double validation of part I in order to get the content validity from the responses of all the participants. Also, the self -evaluation of part III which was the meaning orientation and the Rorschach psychoprogram. Those items by the normal 1000 participants mentioned as "meaning providing" were not indicated by the 340 patients with psychiatric problems who completed the Rorschach test.

The sixth step was the explanation of the standardisation of the logotest in Central Europe. An "inner meaning fulfilment" is a variable which depends on the establishment

of age. This means that a relatively low level of inner meaning fulfilment is normal up to age 30. But the most intensive inner meaning fulfilment is generally felt between age 40 and 60. The age norms established were taken from the frequency of the distribution of total scores of the random sample for normal participant. This is because the variables measured were dependent on age. The age group frequency for the 285 randomly sampled tenth deciles. The standardisation was made significant at a point "where dividing lines were made for fourth quantile ninth and tenth decile, worst inner meaning fulfilment." This allows important practical decisions about diagnosis and therapy to be made.

The seventh step was the differentiation of the logotest between psychologically healthy and sick persons. When a comparison was made between healthy and psychologically ill persons, it was shown that the latter group suffered more than the former group. Furthermore, the comparison of the middle values and the range between normal and total random samples. At the end, a significant difference was found between the range of the psychological healthy and psychologically ill people. The earlier mentioned four goals were finally arrived at by the author of the original test (at the end) as follows:

(i)   The first goal differentiates with a statistical significance at the 1% level between psychologically healthy and sick person and gives valid testimony about their meaning orientation. It also correlates high with the external criterion "general psychohygiene" but not with the variable "success awareness," thereby supporting

Frankl's findings that meaning fulfilment is not to be identified with success.

(ii) The range for psychologically sick persons is wider than with the psychologically healthy. This supports the logotherapeutic theory that even situations of suffering contain the possibility of "inner meaning fulfilment" by assuming a positive attitude.

(iii) It has a cut-off point for all age groups, which allows the diagnosis of "existential frustration" and "neurosis." This is relevant for therapy and prognosis.

(iv) It is one - dimensional (reliable) and homogenous for both sexes (Lukas and Prebble, 1989).

The ninth step was the standardisation of logotest in America, which was undertaken in order to provide norms for the test in North America. The ages ranged from 16 to 82 years with 524 participants initially. Some 324 participants were randomly selected to provide a group comparable in size to the European normal sample.

The SPASS computer analysis provided information on the standardisation of the sample with the same process of analysis of the European standardisation which is the standardisation table for the American English version, while the normal random sample of the American population is shown in the logotest manual.

The European and the American scores are not significantly different when comparing the total scores of the mean with total scales. Also, they both showed a relatively low to normal positive meaning orientation at the lower end of the inner or meaning fulfilment (IMF) scale. But at the upper end of the

IMF scale in the area of the scale that is indicated in terms of meaning orientation, the European scores are significantly higher. One can conclude that there is a significant difference in the meaning orientation among the individuals of the two cultures where the logotests are standardised.

Prior to the development of logotest, which is the third popular test among over a dozen tests based on logotherapy, the use of logotherapy, since the founder developed the concept in 1923 according to Guttman (1996), "can roughly be divided into three consecutive and somewhat overlapping periods." The first period lasted from the introduction of Frankl's two major books , *The Doctor and the Soul* (in 1955) and *Man's Search for Meaning* in 1959 to about 1969. These were the only two books available in English at that period. The first period was also when professionals with different backgrounds were trying to scientifically investigate Frankl's concept and theory of logotherapy which were mainly "the therapeutic effects of paradoxical intention with various clients suffering from sleep and speech disturbances and from a host of phobias".

The second period was "the development of new tools and instruments, with which all logotherapeutic concepts were objectively measured" with the introduction of the first instrument, the Purpose of Life (PIL) and the second one, the Seeking of Noetic Goals Test (SONG).

The third period was the practical aspects, which were being made with logotherapy on clients in mental health. During this period, Grumbaugh and Maholik's Purpose in Life Test appeared in 1964. The report on the validation/ standardisation of attitude scale, the Purpose of Life (PIL),

which measures a person's "will to meaning" and the "existential vacuum," are the two basic concepts of Frankl in logotherapy. That is, failure to find meaning in life, as taught by Frankl, may result in a state of emptiness and boredom or in existential vacuum and if not relieved, this state may lead to noogenic neurosis, especially in neurotically predisposed persons, who then require additional treatment, preferably by a trained psychotherapist with logotherapeutic knowledge.

Guttman (1996) further cited Frankl's "noogenic neurosis," which Frankl called "collective neurosis" of our present times. Where the world is facing meaninglessness because of the loss in our traditional values, Frankl discovered that "about one-fifth of a typical clinical case load are suffering from this "noogenic neurosis" while existential vacuum affects more than half of the general population in American society." According to Gultman (1996), the 13 items popular questions were first developed by Frankl which he personally used to ask or interview all his patients before he embarked on logotherapy. The 13 items questionnaire was further developed by Grumbaugh and Maholick (1964) and correlated with PIL. Person product moment results formed about one hundred and thirty-six non-patients.

According to Guttman (1996), the two primary functions of the "instrument are:

(1) To detect the presence of existential vacuum in a given population, such as retired persons, handicapped persons, alcoholics, etc, and to select patients for logotherapeutic treatment.

(2)   To use the PIL as a research tool, particularly for measuring the degree to which an individual has developed a sense of meaning in life.

PIL had been used by many professionals in clinics, especially for their BSc, Masters and Doctorate degrees' theses and other studies.   Also, translation to many languages have been published more recently, for instance, the Chinese language with a study by Shek (1993). Also, Guttman and Cohen (1993) used the PIL test as part of the instrument in a study of meaning in life and addictive behaviours among active aging people in Israel.

In Guttman's computer search between 1974 and 1990, he found a total of 160 studies published in literature review. The PIL is one of the measurement tool. The second instrument is tool 'The Seeking of Noetic Goals (SONG)," which is also an attitude scale that was developed by the same author in 1977. While the PIL measures the degree to which an individual has found meaning and purpose in life, the SONG is a complimentary scale to the PIL, which measures the ability of a man's motivation to find life meaning. Like PIL, it has many applications in clinic, thesis and other studies.

The third instrument for research and practice in logotherapy is the logotest followed by the development of the Minnesota Multiphasic Personality Inventory (MMPI) Existential Vacuum Scale, which was developed by Hutzell and Persterson (1985) to be used in conjunction with the Minnesota Multiphasic Personality Inventory (MMPI), which is the most popular and frequently used instrument in

psychological test of personality. The Life Purpose Questionnaire (LPQ) developed by Hablas and Hutzel (1982), is mostly like the PIL test but earlier administered than the PIL test and further tested also by one of the authors, Hutzel (1989). The Meaning in Suffering Test (MIST) developed by Starck (1981) also measures Frankl's concepts in logotherapy. That is, the extent which an individual has found meaning in unavoidable suffering experiences. Another test found to be useful in logotherapy is the Belfast Test by Georgi (1982), a 20 items questionnaire designed to measure subjects' difficulty in finding meaning to circumstances beyond their control such as disease or death and in actualising relative values to overcome problems such as discrimination.

There are many tests with logotherapy theory or concepts. But the focus of the present study is on logotest. As previously mentioned, logotest is a diagnostic tool or instrument developed by Lukas (1986) in her doctorate thesis and a former student of Prof Frankl, the founder and developer of logotherapy concepts and theory and head of the Poly Clinic at University of Vienna General Hospital. She was co-supervised by Prof Guttman at the Institute for Experimental and Applied Psychology at the University of Vienna.

According to Guttman (1996), logotest has gained an international recognition as the best instrument currently available for measuring inner meaning fulfilment, existential frustration and noological illness. These three symptoms originated from what Frankl called noetic dimension (Spiritual dimension) of a man due to lack of meaning in life. This spirituality must be included with biological and

psychological dimensions in both diagnosis and therapy. Therefore, no dimension should be discarded in psychotherapy. This is the reason why effective therapy practice could only take place when logotherapy is included in the therapy. This is because it is when an individual perceives that his action is worthwhile and appropriate with the meaning of the moment that there would be a development of inner meaning fulfilment. Every individual both the sick and healthy as well as individuals with different ethnic and cultural backgrounds even in the same society with different socio-political systems, are addicted in the search for meaning.

Application of Logotest

Several researchers and clinicians worldwide have used logotest by translating the test into many languages and also standardised and used it for many researches. For instance, Starck (1981) in her application of logotest also found that the presence of existential vacuum is with those who lack inner meaning fulfilment, while Long (1982) found the presence of existential vacuum among the group of disabled individuals he studied. Also, Seaman and Seaman's (1983) studies revealed that inner meaning fulfilment correlated highly with responsibility, psychotic and emotional well being whereas helplessness or lack of inner meaning fulfilment has high correlation with morbidity and mortality, as in the case of incarcerated individuals in concentration camps (Frankl (1963). Also, Addad (1987) and Frankl's (1978) studies on college students found existential vacuum among those students who lacked inner meaning fulfilment in Vienna, Austria.

Peschel (1988) used logotest in the study of 100 male alcoholics in a mental hospital and found out that about two-third of the patients lacked inner meaning fulfilment with existential vacuum. Schutzenhnauer (1992) used logotest as part of the test battery for his PhD work; 357 young males and females in Salzburg with the age range of 15-16 years. The results showed that 73% of the cases fell into the good or normal range while 27% cases fell into bad inner meaning fulfilment. Also, a negative correlation was found between neurotism and meaning orientation but there was a weak positive correlation between extraversion and inner meaning fulfilment.

Lukas (1986) named some researchers with countries who had translated or standardised logotest as follows:

In Thailand, Dr Helen Albin used logotest for her Master's thesis by testing several hundred foreign prisoners and refugees. In Turkey, Dr Kern Bahadyr translated logotest into Turkish language and tested the population of the academician by correlating their religion with their inner meaning fulfilment in life. In Hungary, Dr Ferenc Schaffhauser at the University of Budapest, translated the logotest into Hungarian language and used it for many researches.

In Slovenia, at the University of Ljubljana, Department of Sociology, Dr Zdenka Zalokar-Divjak translated the logotest into slovenic language and applied it in the field of education. Also, in Slovenia, at the same university, Department of Psychology, Prof. Maks Tusak used the translated and modified logotest.

In Guatemala, at the University of Mariano Galvez,

Department de Dinamica Programa de Post Grado, Dr Helena Jourdan established logotest manual for the Curatematan population. In Spain, Prof. Antonio Medina used the Spanish version of the logotest for many researches of the University of Cordoba, Faculty of Medicine. Also, in Spain, Escuela Universita ra de Magisteriode Girona (UAB) developed the Spanish version of the logotest and supervised many PhD works on logotest and Dr Angeles Noblejas correlated the logotest and the PIL test for her PhD thesis.

In Mexico, Jaqueline Becker used the logotest Spanish version for research on psychology students at the university. In Sweden, at the University of Umea, Prof. Martin Eisemann modified the logotest Swedish version for research. Also, in Sweden, John Stanich and Jona Ortengren-Stanich developed the Swedish version of the logotest together with a new standardisation for the Swedish population.

In Slovakian Republic, at the University of Trilare, Maria Masnicakova worked on the standardisation of the logotest with university students. In Czech Republic, at the Institute for Psychology and Faculty of Philosophy, Dr Jik Spoustova Skuherskeho used the logotest for research on drug addicts in Cerventry Dvur Rehabilitation centre. Also, in Czech Republic, Dr Karel Balcar of the Institute for Medical Practice and Training in Prague, translated the logotest into Czech language for use in medical practice. In Israel, at Tel-Aviv University, Dr Natti Ronel used logotest in the research on children and youths.

Hanna Himmie worked on retired military and police personnel about their coping abilities by using the logotest

version. At Barlion University of Ramat Gan, Department of Criminology, Prof. Moshe Addad translated the logotest into Hebrew language and used it for studies in the field of Criminology.

In Australia, Dr J.M. G Frallion developed the Australia version of the logotest for the Australian society of logotherapy while in Italy, Dr Natalinan Barbona developed the Italian version of the logotest, especially for AIDS patients. In the USA, at St. Cloud State University of Minnesota, Department of Psychology, Prof. Jana M. Bollman Prebble developed the English version of the logotest and made the American standardisation, which is being used for this study. Also, in the USA, Dr Ines Landron, at the University of Michigan studied the relationship between clinician's diagnoses and the logotest scores of Argentinian population. In Poland, at the Catholic University of Lubin, Dr Kazimierz Popieiski developed the Polish version of the logotest and used it for many researches.

Cultural Aspects of Logotest

The cultural aspect of logotest is the appearance or interpretation of culture as seen from the point of view of logotest's results. As was mentioned earlier on, the 1984 English version of the logotest was developed by Lukas after Viktor Frankl's logotherapy concept to measure Inner Meaning Fulfilment (IMF). This study was carried out in order to standardise the logotest among undergraduate and postgraduate students from three major ethnic backgrounds namely; Yoruba, Hausa and Igbo in a university community setting. Previous researches in Western countries such as America and Europe have

studied IMF development across the lifespan, but no specific study has been carried out on this subject, particularly in a Nigerian university community with available data.

Participants consisted of eight hundred and eighty-five (885) male and female students randomly selected from all the ten Halls of Residence, and eight off-campus hostels in the university community and environs. The mean age of the respondents was 26.2, with a standard deviation of 6.0. The age of the respondents ranged from 15 to 60 years.

Asagba (2002) found many cultural aspects of logotest by judging from the literature review, the results, discussion and conclusion of the study. Six major cultural aspects are summarised as follows:

The first cultural aspect is that the time of taking the logotest varies according to culture. In American study, it took all the test takers an average of 20 minutes of the total respondents to complete the logotest whereas it took the European respondents an average of 30 minutes. But the average time for the present study is 32 minutes which is closer to the European respondents. It can be ascertained here that the American respondents were faster in taking the logotest than the European population while it is just 2 minutes different from the European population and an average of 12 minutes different from the American study which is much more different from the American population.

The second cultural aspect of the study is the total mean scores for all the three populations which vary from each other. The American population has a mean $(\overline{X})$ of 11.45 and a standard deviation of 3.92 while the European population has a mean $(\overline{X})$ of 13.76 and a standard deviation of 4.99. The Nigerian population has a mean $(\overline{X})$ of 13.7 with a standard deviation of

5.2. There is a wider mean difference between the American and the European population as well as with the Nigerian population. The European and Nigerian population means are very close. This may indicate that meaning orientation of all the three cultures differs but the European and Nigerian meaning orientations are almost similar which still need further study.

The third cultural aspect of this study is the distribution of the total scores of the logotest within the three populations. It is also observed that there are normal bell curve shape for the three populations as indicated in the 1989 logotest manual for the European, American and Asagba (2002) for the Nigerian population. This means that everyone is in search of meaning which was confirmed by Frankl's concept of man in search of meaning. That is, everyone must find meaning in his or her life. Sometimes, one would ask one's self why one is existing in life and the purpose of one's life. Furthermore, about average of all the populations in the world regardless of the culture one belongs fall within the centre of the normal bell curve shape. (*see* the normal distribution curve and the diagnosis and prognosis in Appendix 6 and 7). In this study, those participants with the scores of 1-10 (26.7%) fall within the first quartile (Q1) which is the first diagnosis. This indicates good inner meaning fulfilment (IMF), the root of the foundation for stable psychological health. The second diagnosis and prognosis is 50.6% of the test population, which is the combination of the second and third quartiles (Q2+Q3). In the present study, the total scores of 11-17 (50.6%) fall into this category, which indicates that there is no cause for alarm or danger to the health. The third diagnosis and prognosis fall into the fourth quartile (Q4) of the test population with scores

from 18-34 (21.5%) of the participants of the present study.

The fourth quartile is the sub-division of deciles in which the highest decile (D_{10}) of the present study population with 22-34 (8.4%), this calls for urgent attention or therapy because it indicates extremely poor IMF, which is the root cause of noogenic neurosis or depression. The second highest decile (D9) of the population with the present study scores of 19-21 (8.1%). This indicates a poor IMF that causes existential frustration, which could lead to neurosis and depression if not treated. The remaining 5% of the population (Q1-D9 = D10) fall within the score of 18. This indicates that individuals must be careful because it is in borderline of existential vacuum or frustration.

The fourth cultural aspect is the age variable which inner meaning fulfilment depends upon. Lukas (1989) found that there is age variable in inner meaning fulfilment in European population which is from relatively low to normal up to 30 years. From the age group 30-60 years, the inner fulfilment is very good and also reached the peak at age group 50-60 years. After 60 years, it begins to decline to low via normal to poor inner meaning fulfilment again which is in contrast to the Nigerian population. That means 60 years and above of the Nigerian population experienced very good inner meaning fulfilment. They experienced less existential problems in contrast to the American population. Generally, all the three populations at the age of 50-60 years experienced very good inner meaning fulfilment which is about the same with the three cultures but slightly varies from each other. Also, the Nigerian population scored more existential problems than the European and American populations. It is the 60 years and above age group that is more apparent. Americans scored

highest followed by the European population at the time when the Nigerian population scored very low existential problems and experienced very good inner meaning fulfilment. Also, at age group below 15-30 years, when both the European and American populations are experiencing relative poor to normal inner meaning fulfilment, Nigerians are experiencing very good inner meaning fulfilment

The fifth cultural aspect is the issue of sex differences. The female students reported more existential problems than their male counterparts which is contrary to Lukas' and other studies in European and American culture. This also needs a further study to look into this aspect of sex difference. (*see* the frequency distribution for males and females in appendix 8).

The sixth cultural aspect is the three ethnic groups differences, in inner meaning fulfilment found in the present study. While Hausa respondents reported highest mean $(\overline{X})$ of 15.59, Igbo respondents reported lesser than Hausa respondents with the mean of $(\overline{X})$ 14.02. The Yoruba respondents with mean $(\overline{X})$ of 13.51 and other ethnic groups taken together with mean $(\overline{X})$ of 13.14 reported lowest mean in the inner meaning scale.

From all six cultural aspects indicated above, one could see that there are cultural variations in meaning orientations of all the three cultures. The European culture seems to be similar to the Nigerian culture in all the six cultural aspects of the meaning orientations than the American culture. Therefore, there is a need for further studies to confirm these findings.

Implications of the Study

(1) The implications of this study from the results and interpretations cannot be overemphasised to the university policymakers, educational planners, lecturers, students,

psychiatrists, clinical psychologists, medical doctors, reverends, pastors, imams, health educators and counsellors that a diagnostic tool of this nature comes at a better time when the cases of cultism, maladaptive behaviours are now rampant in all the universities and tertiary institutions.

(2)   There is an urgent need for using such suitable or appropriate tools for proper identification of such cases, if we are to go by the popular statement often made by people that university students are the leaders of tomorrow.

(3)   At present, there are few diagnostic tools used mainly for university students in the counselling centre and departments. Instead, they wait until psychiatric problems are suspected in the university medical clinic (Jaja clinic) or in the University College Hospital, which should not be the case.

(4)   Since a stitch in time saves nine, there is need for all professionals to work together and plan ahead and be prepared when the time comes. This can best be achieved if appropriate informational structures are put into place. For instance, training workshops for personnel and professionals who can treat or refer patients to the appropriate channels should be organised.

(5)   Also, the implication of the study in the literature review revealed that the crumbled tradition of today's generation, to which the present students belong, is perpetuating many types of existential problems which can be eradicated through sufficient education, counselling, psychotherapy, seminars, and therapeutic settings either during normal visit to health clinic and counselling centre or during psychotherapy sessions.

(6)   There is need for awareness among the educational

planners and the lecturers to introduce programmes that will make education interesting and exciting rather than being punishment- oriented.

(7) Government should not hesitate to adequately train lecturers, especially for the benefit of the students who will eventually be saddled with the management of the affairs of the nation in all spheres of life. This can be done by adequate funding with a monitoring team to watch over the judicious spending of the money for likely educational and social programmes in order to eliminate boredom on the university campus.

Recommendations

On the basis of the data analysed in this study, the following recommendations are offered:

(i) It is recommended that the present Nigerian version (University of Ibadan students) of the logotest (IMF scale) be expanded to include all age groups, social economic status, and ethnic groups in Nigeria. The university students should be randomly selected across the six geo-political and ethnic zones.

(ii) It is suggested that the present scale should be used in conjunction with other test batteries in order to be able to identify better all other variables in mental health. Other sources of information should also be included; such as interviews conducted and case history that comprises biological, medical, family and so on. All these information produce better results in diagnosis.

(iii) It is recommended that appropriate therapy or counselling be rendered to students who fall into poor (Q4) IMF scale which is equivalent to 25% (21.5%) of the

present population with scores from 18-34. For this population there is a sub-division. The highest decile (D10) 10% (8.4%) of the present population is 22 to 34. This indicates an extremely poor IMF, which is the root cause of noogenic neurosis or depression which is 10% (8.1%) of the present population which indicates what could lead to neurosis or depression if there is no counselling psychotherapy. The remaining 5% ($Q_4 = D_9 + D_{10}$) with score of 18 indicates a moderate IMF where careful observation is recommended.

(iv) It is also recommended that longitudinal study be conducted to determine the usefulness of the present Nigerian version of logotest, especially in the University of Ibadan. This could be done with 100 level students during the orientation period. Individual students should be provided with a file in the counselling centre, the hall of residence and departments of the students. This will prevent any misplacement of the students' files. This will help in monitoring students from 100 level to 400 level and counsellors, lecturers or hall wardens would be able to use the test. This practice will be a unique innovation for other universities, for example, where such studies are not yet practised.

(v) Based on the present literature review, it is also suggested that the government should find more effective ways of advising parents to promote good morals and provide positive ways of child rearing methods in mosques, churches as well as in the media. So that by the time students reach the university level, they would be better equipped to be able to cope with all the existential problems on campus, most especially when they have to

leave their places of origin to live outside their family or parental home.

(vi) Parents, lecturers, wardens and others in key positions, that handle students in the university, should meet periodically to share views and enlighten one another in order to reduce the current rise of cultism and other maladjusted behaviours where the usage of this test could be used to educate the participants.

(vii) There is need to bring most of the research in academic settings into practical use like the logotest from Frankl's theory of logotherapy. Therefore, assistance from government and other organisations are needed in this area in order to be able to carry out the research whose findings can be used to solve many human problems, which people in the developing countries urgently need.

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Appendices

The extent of the problems faced by the University of Ibadan students had been highlighted by Ogunsanya (1999) with data and table presentation of the number of frequency of misconduct and maladaptive behaviour from 1992 to 1998 which the present researcher extended to 2000 (*see* Appendix 1-5).

Appendix 1: Identified cult members according to their faculties

S/N	Law	Soc. Science	Education	Science	Technology	Arts	College of Med.	Vet. Med.	Agric. and Forestry	Unknown	Total
1. Cult member identified by the Police	2	7	1	6	4	4	6	- —	2	2	32
2. Cult members known by their activities	5	16	6	17	6	4	4	4	2	1	64
3. Others known through criminal activities	2	10	6	25	5	6	9	1	9	25	73
Total	9	33	13	48	15	14	19	5	13	28	197

Source: University of Ibadan Security Unit, 1998.

NB: Unknown probably refers to non-students of the University of Ibadan who may be members of the secret cult network from other institutions of learning (Cited in Ogunsanya, 1999).

Appendix 2: Cases of misconduct suspected to be perpetrated by cult boys on the campus between December 1992 and June 1998

Activities	Number
Stealing	121
Threating Life	32
Impersonation	1
Gambling	1
Assault	8
Stealing from Cars	5
Dispute	1
Examination Malpractices	92
Others	23
Total	284

Source: University of Ibadan Security Unit, 1998 (cited in Ogunsanya, 1999).

Appendix 3: Criminal activities suspected to be perpetrated by cult boys on the campus between December 1992 and 3rd June 1998

Activities	Number
Rape	6
Robbery	2
Unlawful Possession of Pistol	4
Burglary and Stealing	42
Housebreaking and Stealing	32
Unlawful Possession of Hemp	1
Entering and Stealing	9
Assault Occasioning Harm	2
Car Theft	7
Forgery	2
Office breaking and Stealing	1
Criminal Activities by Virtue of Being Cult Members Declared By the Police and Others	99
Total	207

Source: University of Ibadan Security Unit, 1998 (Cited in Ogunsanya, 1999).

Appendix 4: Criminal activities suspected to be perpetrated by cults between December 1992 and 31st July 1998 at the university

S/N	Law	Social Science	Education	Science	Technology	Arts	College of Med.	Vet. Med.	Agric. and Fore.	Unknown	Total
1. 1992 Cult Activities	–	2	1	–	–	–	–	–	–	–	3
2. 1993 UI/Polytechnic Fracas	–	–	–	–	–	–	–	–	–	26	26
3. 1994 Dangerous Weapons	–	1	–	2	1	–	–	–	–	–	4
4. 1996 Suspected Cult members	1	4	1	1	3	1	1	1	–	1	14
5. 1996 Other Cases	1	6	1	7	1	2	1	2	1	–	22
6. 1997 Suspected Cults by Police	2	9	1	4	4	4	6	–	2	2	34
7. 1998 Suspect Cult Activities	2	2	2	5	2	–	–	–	–	–	13
8. 1993 Exam. Malpractices	–	–	–	1	–	–	1	–	–	–	2
9. 1994 Exam. Malpractices	1	1	–	1	–	–	1	–	–	–	4
10. 1995 Exam. Malpractices	–	2	11	7	2	–	–	–	–	–	22
11. 1996 Exam. Malpractices	–	1	1	5	6	2	7	–	3	–	25
12. 1998 Exam. Malpractices	–	–	–	–	–	–	45	–	–	–	45
13. 1992 Criminal Acts by Cults	–	–	1	2	–	–	–	–	–	2	5

14. 1993 Criminal Acts by Cults	2	9	1	14	4	4	3	—	5	23	65
15. 1994 Criminal Acts by Cults	1	12	6	9	2	4	13	2	11	2	62
16. 1995 Criminal Acts by Cults	1	16	4	9	5	8	12	7	10	1	73
17. 1996 Criminal Acts by Cults	5	7	4	11	1	2	7	—	1	8	46
18. 1997 Criminal Acts by Cults	—	1	1	—	—	—	2	—	—	1	15
19. 1998 Criminal Acts by Cults	—	2	3	5	1	1	3	—	—	1	16
Total	16	75	38	83	32	28	102	12	33	67	486

Source: University of Ibadan Security Unit, 1998 (Cited in Ogunsanya, 1999).

NB: Unknown probably refers to non-students of the University of Ibadan who may be members of the secret cult network from other institutions of learning.

Appendix 5: Criminal activities from January 1999 - August 31st, 2000

S/N	Law	Social Science	Edu.	Science	Techno-logy	Arts	Bursary	Col. of Med.	Vet. Med	H/ Nut	Agric. and Foresty	Unknown	Total
1. Rape			2	1								1	4
2. Robbery						1			1				2
3. Unlawful Possession of Pistol, Burglary, Stealing and House-breaking		1		4	1				1	1			8
4. Unlawful Possession of Hemp													
5. Entering and Stealing	1	1	3	5	1	2			1		3	9+2	26
6. Assault Occasioning Harm	1		4						1	1	1		7
7. Impersonation		1		2		1			1			1	6
8. Car Theft													
9. Forgery				1			1						2
10. Officebreaking and Stealing													

11. Kidnapping												1	1
12. Exam. Malpractices				9				1				1	11
13. Criminal Activities by Cult Members			1									1	2
14. Suspects	1	1										5	7
15. Stealing by Trick					1						1		2
16. Fraud			1				1						2
17. Threatening Life				2	1	1			1				5
18. Wilful Damage													
19. Affray												1	1
20. Accident												5	5
21. Students Rampage												2	2
22. Dangerous Driving												1	1
23. Homosexuality		1											1
Total	4	6	9	23	3	5	2	1	5	2	7	29+2	

Source: University of Ibadan Security Unit, 1998 (Cited in Ogunsanya, 1999). Collected in 2000 by the researcher from the UI Security Unit.

Appendix 6: Normal distribution curve for Nigerian (university students) population and the adjusted normal distribution curve

Total random sample
N = 885

Total random sample
N = 885

Normal random sam-
ple N = 353

Normal random sample
N=353

2   5   8   11   14   17   20   23   26   29   32   35
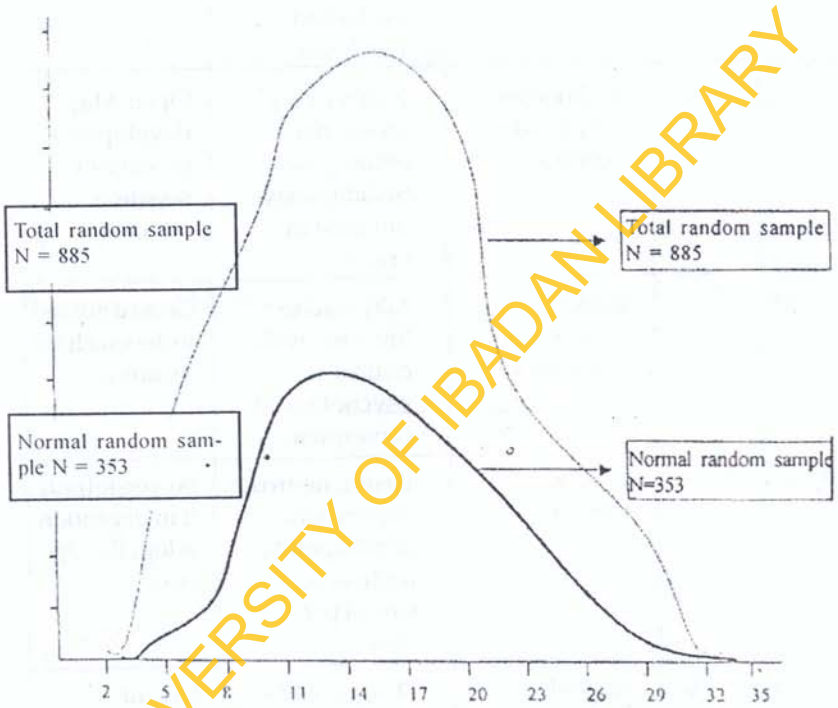
Appendix 7: Summary of the diagnosis and prognosis for university students' population

	Score	%	Diagnosis	Consequences	Prognosis
1.	1-10	26.7%	Very good IFM	Existentially secure, even under bad conditions	Very good
	11-17	50.6%	IFM neither very good nor very bad	Neither very secure nor endangered. Stability may not hold in crises	Open. May develop in a positive or negative direction
	18	5%	Watch out! Borderline existential frustration	May lead to life crisis with critical psychological consequences	Good if guided in the search for meaning
	19-21	8.1%	Existential frustration	Basis f, neuroses, depression, psychopathy, addiction, sexual perversion	Successful only if intervention is logotherapeutic
	22-34	8.4%	Nogenic neurosis	Danger of life. A "No" to life includes a "No" to get well	Urgent logotherapy treatment needed

Source: The calculation pattern adapted from *logotest manual*, (1989) and Stanich and Ortengren, (1990).

Appendix 8: The frequency distribution with percentages quartile and decile for males and females of the Nigerian population

Score	IMF	Males	Females	Total
0-2		2	3	3
3-4		5	2	7
5-6	Good (Q1)	28(29.8%)	20	48(26.7%)
7-8		35	35	70
9-10		61	64	125
11-12		82	70	152
13-14	Medium (Q2+Q3)	65	71(50.9%)	136
15-16		45	63	108(50.6%)
17		25	21	46
18		17	18	35
19-20		31	25	56
21-22		19	29	48
23-24	Poor (Q4)	13(20.7%)	15(22.4%)	28(21.5%)
25-26		7	7	14
27-28		1	1	2
29-30		1	1	2
31-32		0	1	1
33-34		2	0	2
	Total	439	434	873

Source: The calculation pattern of this table was adapted from the *logotest manual* by Lukas and Prebble (1989).

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